

THE Canadian Hospital

TORONTO, MAY, 1934

Featuring the Dietetic Department



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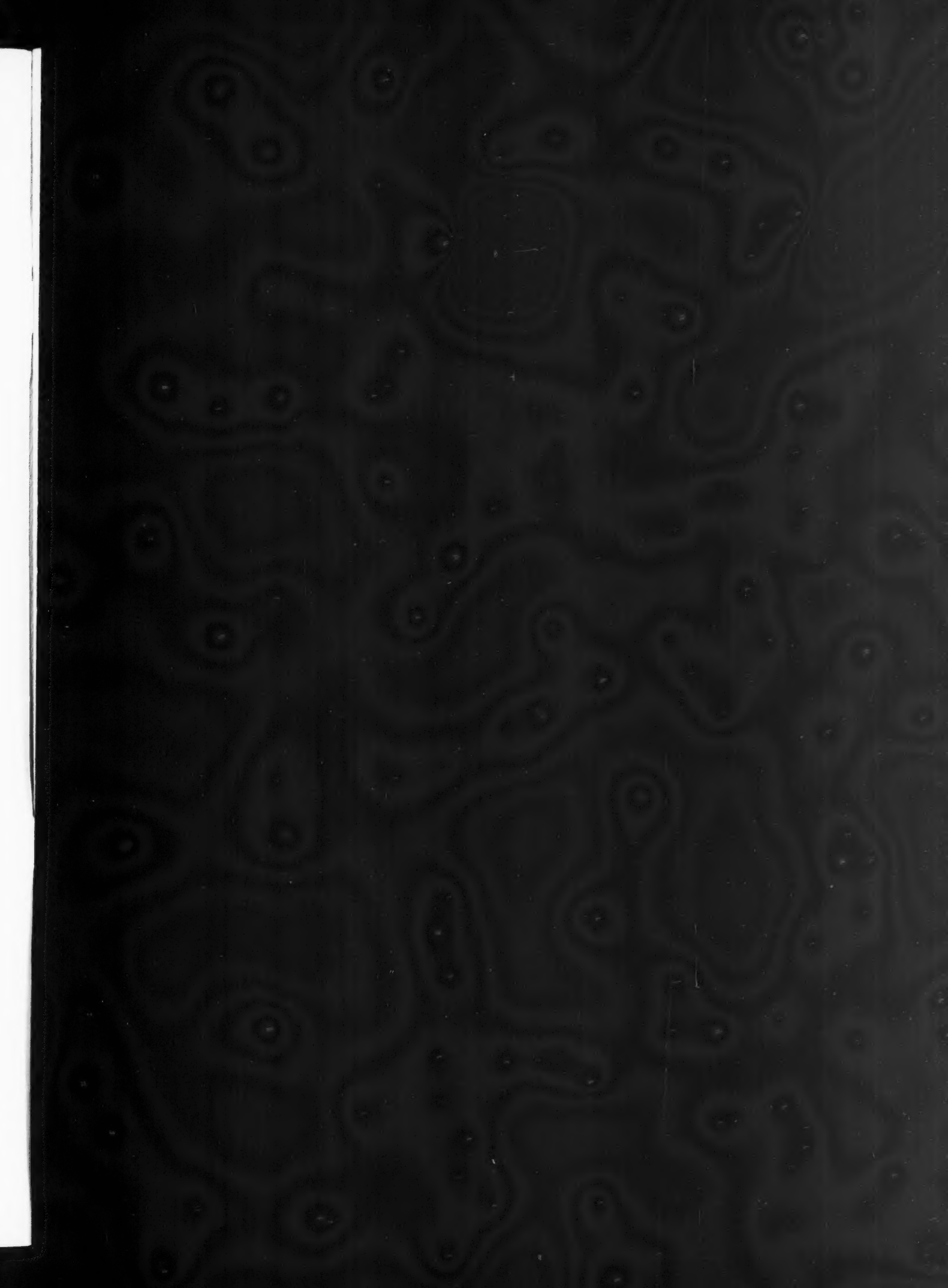
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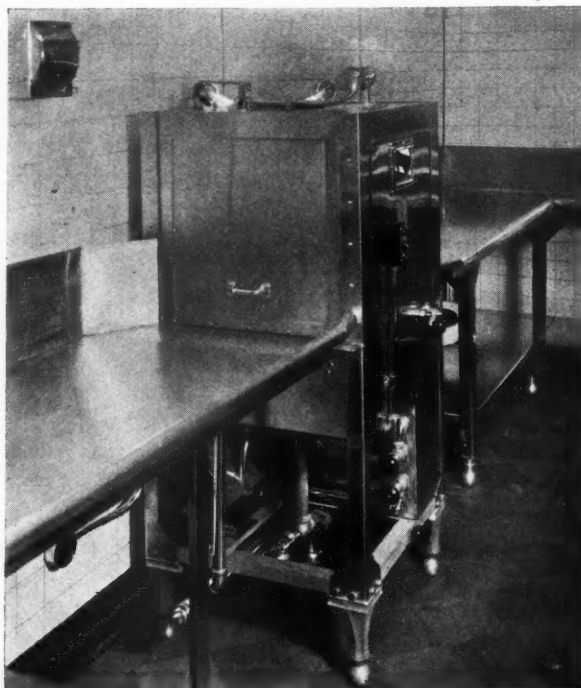
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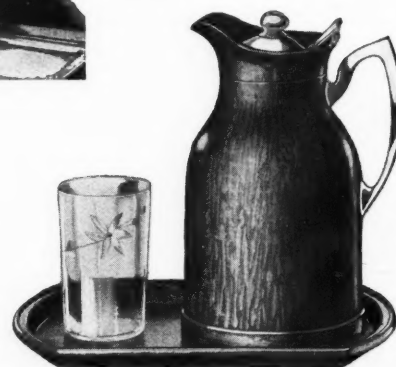
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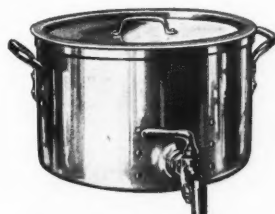
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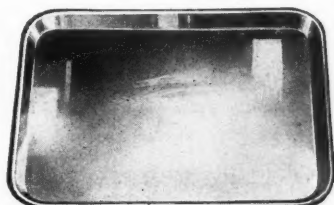
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There is no upkeep expense, since "WEAR-EVER" utensils never require tinning. They cannot crack or chip.



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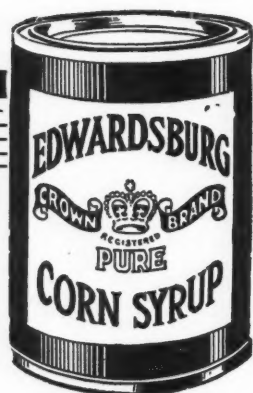
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The value of these pure corn syrups in infant feeding is established. You can safely recommend and use them. Rich in carbohydrates and dextrans they ensure perfect results when used in conjunction with cows' milk.

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Ontario Dietitians Hold Annual Convention in Toronto

WITH a gathering of well over 200 dietitians, the Ontario Dietetic Association really made history at its third annual convention. This meeting, held in Toronto April 27th and 28th, was attended by dietitians from all over the province. While many of these women are engaged in research, teaching and commercial work, by far the greatest number are employed in hospital and Red Cross work, and during this convention, interesting trips were arranged through three of Toronto's largest hospitals.

The convention got off to a good start with a meat demonstration by "Surgeon" D. W. Hartzell, of the Swift Company, Chicago, who dissected lamb and beef with surgical skill, emphasizing the economy and food value of the less familiar cuts.

Miss Kathleen Burns, dietitian of the Sick Children's Hospital, Toronto, in her paper, emphasized the importance of turnip juice for babies in place of orange juice and told how incorrect feeding in the infant less than two years old can establish dislikes for perfectly good food that will last throughout life.

"The Role of Liver and Other Dietary Measures in the Treatment of Anaemia" was the subject of a paper given by R. F. Farquharson, M.D., F.R.C.P., and in proper scientific language he told how pernicious anaemia could be relieved by the ingestion of adequate amounts of liver or suitable liver preparations and could be prevented from recurring by continual administering of liver products.

The banquet in Eaton's Round Room was a gala affair, presided over by Miss Violet M. Ryley, who in her short address recalled that but a few years ago Toronto could only boast a few dietitians, and commented on the marked increase in number during the past few years.

Despite the fact that Doctor Charles H. M. Williams, D.D.S., D.Sc. (Dent) was the only man in an entirely feminine gathering, he overcame this handicap and in his very interesting paper, "Effect of Vitamin D in the Prevention of Dental Caries," he showed how proper diet could further the work of preventive dentistry. With the aid of slides he pointed out the value of the experimental work done by those two outstanding Canadians, Doctor Gordon Agnew and his wife, on dental caries in children from 2 to 17 years of age, in various institutions around Toronto.

Mrs. S. Flavelle Taillon, President of the Ottawa Dietetic Association, told of the special work being done in Ottawa among the people on relief and those "trying to stretch their pennies." The paper, published elsewhere in this issue, shows how these people are taught to use the food and vary the menu and how the various social agencies and hospital workers co-operate in the scheme.

Other addresses were given by J. B. Smith of the Poultry Department, Ontario Agricultural College, Guelph, on "Chick Embryo Mortality with Special Reference to the Diet," Miss Dorothy Fleming on "Baking Tests with Ovenware of Different Materials," Miss Helen



MISS MARGARET McCREADY,
of Canadian Red Cross, Ontario Division,
Nutrition Service, who was elected to the
Presidency of the Ontario Dietetic Association.

Newton, B.Sc., on "The Occurrence of Dark Specks in Baking Powder Products," and Mr. Irving Ardron on "The Nature and Operation of Detergents."

Miss Lorena Richardson, the retiring president, expressed appreciation to the Consumers' Gas Company and the Robert Simpson Company for loaning their quarters and to other firms which co-operated in making their convention a success.

Miss Margaret S. McCready was elected president to succeed Miss Lorena Richardson. Other officers for the coming year are: Honorary president, Miss Annie L. Laird; honorary vice-president, Miss Violet M. Ryley; vice-president, Miss Jean McCrimmon, of Hamilton; secretary, Miss Josephine Booth; assistant secretary, Miss Alice McLean, and treasurer, Miss Evelyn M. Creed. Section chairmen are: Administration, Miss Helen Buik; Diet Therapy, Miss Gwendolen Taylor; Education, Miss Winnifred Moyle, and Social Service, Miss Muriel Redmond.

The fine publicity work done by Miss Phyllis West of the Toronto East General Hospital, won for her another term of office.

Dietary Problems of Diabetic Children

By KATHLEEN C. BURNS,

Chief Dietitian, The Hospital for Sick Children, Toronto

THE success of any diabetic diet depends essentially on the co-operation of the patient. In dealing with adult patients reasonable explanation of the necessity and desirability of adhering strictly to the prescribed diet can be made. With young children this is manifestly impossible. Hence our efforts are directed toward planning diets that are so satisfactory in every way as to remove the temptation of breaking them. Diabetic children have enormous appetites, hence the diets must be bulky and filling, sufficient to keep their appetite satisfied, for if the child is hungry in between meals the temptation to secure extra food is difficult to overcome. Diets should also be given that will allow for variety in foods, with careful arranging of substitutions. This can be done even on a weighed diet.

Fortunately, from a dietary point of view, the tendency at this hospital is to give diets liberal in carbohydrate. Clinical evidence has shown that less Insulin is required on a high carbohydrate than a high fat diet. Also that the Insulin dosage drops fairly rapidly once the patient has been raised to the final diet and has become sugar-free on it.

A typical example was shown by a patient who had been on a high fat diet for a number of years. During this time it had been necessary to increase her Insulin till the dosage was 104 units for 135 gms. total glucose. The diets were then changed to high carbohydrate and the total glucose increased to 239 gms. and in a few months the insulin had dropped to 20 units. Not only do these high carbohydrate diets stimulate the pancreas to further regeneration and production of Insulin and hence allow for the reduction of dosage, but they are essentially a normal diet.

No longer do our patients have to put up with unpalatable food substitutes of washed bran, agar-agar, etc., nor with the purchase of expensive manufactured products of no food value. Their diets now contain bread at every meal, potatoes, puddings made with sugar instead of saccharine, and even concentrated carbohydrates can be added. They need no longer feel that they are deprived of the usual foods eaten by the rest of the family, nor that they are set apart so radically in the food world. They are limited of course to only the foods prescribed on their diets, and it is the responsibility of the dietitian to see that their meals are as adequate, normal, satisfying, and attractive as any they could choose.

To this end while in the hospital all menus are written individually, and changed every day. When they are



MISS KATHLEEN C. BURNS.

ready to be discharged their parents are given a course of instruction in the dietary routine, including actual practice in handling scales, weighing foods, making substitutions in fruit, vegetables, and desserts for variety, as well as substitutions for food not eaten.

Four different full diet menus are given every patient on discharge. Thus supper, for instance, need not always be the same routine but may offer variety in supper dishes, e.g., eggs, vegetables, cream soups, cream sauces, scalloped dishes, etc. All patients obtain a diabetic handbook in which is included recipes in grams for the various dishes used on the diets. In addition to the four full diets three others are given for use during sickness. As a diabetic patient requires more Insulin proportionately to the food consumed when under anaesthesia or suffering from infection, we routinely reduce the food intake and allow the Insulin

dosage to remain the same. Consequently diets of two-thirds the full value of carbohydrate, protein and fat in light, soft and liquid form are included. These to be used on the order of the attending physician.

Below is a sample of part of the fruit substitution table used. The fruit and vegetables in all the diets are given not in specified amounts, but according to the carbohydrate value. Thus the diet may read for Breakfast: "Use fruit having a carbohydrate value of twenty grams." Reference is then made to the fruit table, where all fruits are listed in quantities to yield varying stated amounts of carbohydrate. If a large serving of fruit is required for a hungry teen-age boy then a fruit, low in carbohydrate value will be chosen for its larger bulk. And conversely for a two-year-old child, a fruit of higher value that will be more concentrated in amount can be used—yet both may have the same value of twenty grams of carbohydrate. This same system is followed for vegetable substitutions. Fruit and green vegetables are usually given twice a day, with an individually made dessert of calculated value used for one meal. Substitutions are also made to vary the desserts.

By these means we have tried to make their diets as nearly like the normal meals of the family as possible. This means less work for the mother, and allows enough choice in bulk to satisfy the appetite of various age groups, and to insure such variety that the patient is willing to co-operate and remain on his diet without feeling any hardship.

Occasionally problems arise with regard to uneaten
(Continued on page 21)

Dietitians in Ottawa Give Valuable Assistance to Those on Relief

By MRS. S. FLAVELLE TAILLON,
Pres., Ottawa Dietetic Association

THE Ottawa Dietetic Association was formed in the early fall of 1932. All summer, Miss Craig and Miss Heney and I worked on the project. We had lists of graduates sent us from the different colleges. We arranged that notices would be sent all students interested in Home Economics. Miss Laird and Miss Burns very kindly gave us advice as to constitution and by-laws.

Just before the meeting was called, Miss McCready of the Ontario Red Cross wrote telling me of the Nutrition Classes in connection with her work and suggesting them for our association, as our only aim so far, had been unity and better nutrition in our community.

The Zonta Club of Ottawa was approached. It is the classified women's club similar to the Rotary Club in organization. Its members thought the idea excellent and immediately said they would finance the classes. So we opened our first meeting prepared to put something across.

The officers were elected as follows:

Mrs. Taillon, President.
Miss Elliott—Vice-President.
Miss Craig—Secretary.
Miss Heney—Treasurer.

The Executive Committee was composed of members representing the various colleges. Junior members of the Association must be from a recognized school or college of Home Economics and must have attended for at least one year. Their fee is 50c, but they are not allowed to vote or hold office.

The active members must be graduates in good standing from a recognized college or University and are required to pay a fee of one dollar a year.

We now have thirty-five members and they are all very interested and active workers.

Meetings of the Association are held once a month. The nutrition classes are the most important feature of our Association. The Zonta Club finances these classes which are held in the public school labs., through the courtesy of the Public School Board. This eliminates the buying of any equipment.

The Ottawa Welfare Bureau co-operates by having their social workers see that their people on relief attend these classes or are kept in touch with them through the mail. We give these classes twice a week in the Autumn up till Christmas. We do not give them in the winter months due to severe weather, illness at the home, etc.

Last autumn we ran them in two schools in the poorer sections of the city.

We run a week's menu for seven consecutive weeks. Each lesson consisted of a balanced day's menu made to total the allowance of the relief board for a family of five. The grocery order for the day's menu is shown on

the blackboard at the class. Everyone attending is given a mimeographed set of the recipes used in the menu.

The dietitian, with her assistant, takes charge of the class on one night in the week and their positions are often reversed on the other night in the same week, as the fourteen classes are run Tuesday and Friday of each week.

We use the relief foods and keep to the relief allowance, although we invite anyone who cares to attend, whether on relief or not. Especially those trying to make their pennies cover their family needs. Free discussion is always encouraged and individual problems solved whenever possible.

At the close of the seven lessons we invite them all to a party. For each one who has attended 100% or 75% of the classes we give a certificate signed by the respective presidents. Last year, the Mayor presented these certificates. The president of the Zonta Club and the president of our own association usually speak a few words.

We serve them with cake and cocoa, two dietitians taking charge of the evening refreshments. The Zonta Club supply some entertainer for about half an hour. It is such a bright spot in the lives of many of them.

We have had a good attendance at all classes.

My student dietitians at the Ottawa General Hospital put in three weeks' social service with the Ottawa Welfare Bureau. Through them I learn of the great advantages derived from these classes—the need of the many people on relief to be taught to cook.

In the capacity of advisory dietitian to the city, I was able to get a number of foods put on relief lists, which all helped considerably in our cooking and planning. Our classes made these people realize how certain foods were absolutely necessary. We showed them how they could vary their diet on their limited variety of foods.

If there are any questions you would care to ask about these classes, I would be glad to know them at any time.

To go back to our association. These classes are in charge of a committee with a chairman. She tries to attend as many classes as possible to make the necessary arrangements and see that they run smoothly and quickly, as we try to have them over by 9.30 p.m. The Zonta Club sends two members each evening who check in the women so we can estimate the attendance accurately.

We are only in our infancy and I feel all our projects are but in the making or beginning.

At Christmas, the Association cares for three families and provides Christmas cheer through one of our dietitians at the Welfare Bureau. A small sum is also donated toward sewing cotton, yarn and needles for the unemployed single women, as these are not included in the relief in any way.

An Analysis of the Complexities of Hospital Construction

By B. EVAN PARRY, F.R.A.I.C.
Parry & Smith, Architects, Toronto

NEW hospital construction is on the tapis. Are we prepared to meet this movement scientifically?

Ample evidence is to hand that hospital construction has lagged in the same way as other construction involved in the well being of the people. Therefore it is considered both timely and opportune to emphasize, as well as particularize, the complexities involved in hospital construction.

The relationships between Boards of Trustees, Hospital Directors, Medical and Hospital Staffs, Architects and Engineers, has been somewhat clarified in the past few years with beneficial results, both from the economic and administrative points of view, and as an earnest thereof, an effort will be made in these articles to portray a true picture of the co-ordination, co-operation and sequence required for the successful consummation of a hospital building project from inception to completion.

The accompanying graphic chart has been prepared as an organization chart for such purpose.

Board of Trustees

Beginning with the Board of Trustees it is agreed that the members of such Boards have many things to take into consideration when dealing with the problem of providing a new hospital or altering, adapting or adding to an existing building or buildings. It is evident how necessary it is for the Board to have conferences with the hospital director, heads of the Medical, Surgical and Hospital Staffs, also the Architect when the project is first mooted, thereby eliminating the possibilities of misunderstandings. Primarily a hospital survey must be made upon which findings the accommodations and facilities can be determined. Estimates should be made for future growth, taking into consideration the present conditions and prospects for both Industrial, Urban and Rural development.

The character of the environment of the proposed hospital determines, in a large measure, its type, size and equipment. Social conditions of the people have a large influence in determining the use that will be made of a hospital and therefore its capacity. People who live under urban conditions will need and will use a larger number of hospital beds than the same number of people living under rural conditions. This is true for several reasons:

(1) A large percentage of urban people live under conditions where the treatment of disease is difficult or im-



B. Evan Parry, F.R.A.I.C.

possible, such as those who live in hotels, boarding houses, and so forth.

(2) Hospital needs in the cities are greater than rural needs, because people of cities require hospital provisions not only for themselves, but for those who live outside of the city in the sphere of its commercial and professional influence and from which the widely known medical profession of a large population centre will direct patients.

(3) Urban people need greater hospital provisions than rural people because, with their larger experience in the use of hospitals, they are more appreciative of the value of hospital treatment and will resort to it more frequently.

Another condition which must not be overlooked in determining the capacity of a hospital is that if the community or county in which it is contemplated building a hospital is far removed from hospitals, a larger hospital will be needed than in a com-

munity not so distant from hospitals. If there are few hospitals in the adjacent counties, and if the neighbouring medical profession attached to these nearby hospitals does not overshadow the local profession, then a community hospital should be used promptly and fully. If, on the other hand, conditions are largely reversed, a local hospital will have a more pronounced and prolonged period of infancy.

It must not be lost sight of, that primarily the function of the hospital is the care of the sick, since in the complexities of the organization of a modern hospital, this fact is apt to be lost sight of. However, it must be fully recognized that the care of the sick has expanded so as to include the care of the health of the entire community.

It is not to be inferred that all hospitals should be expected to carry on the extensive functions centering around the patient, but rather to emphasize the thought that the care of the patient is the primary function and that each hospital must work out for itself, the extent of field which it is able to cover.

The conception of a modern hospital to-day is, that it shall find its ultimate usefulness in the function of the care of the sick and conservation of the health of the community. Radiating from this central idea is to be seen the hospital as a centre for the advancement of medical science, for medical education and for the stimulation of the highest traditions and ideals of the medical profession.

In the final analysis therefore, the hospital as at present

organized should represent the brain centre of those activities which benefit the individual sick and the health of the community within its sphere of influence.

Financial Campaign

Through the medium of a carefully prepared publicity campaign, there is every assurance that strong support can be enlisted, as human interest and sympathy centres around a hospital more quickly than any other type of institution.

The business man of to-day is rarely moved by sentiment when appealed to for a substantial donation. The record of judicious and economical administration as shown by the hospital's service should be presented to him as worthy of his support.

All cities are constantly endeavoring to obtain and encourage new industries. The hospital is an industry that while doing a necessary service for the community, its capital turnover each year is considerable.

Under these circumstances business methods must be employed, therefore in consultation with, and engaged by the Board, and under the guidance of the Hospital Director, a Campaign Director should be employed.

The Campaign Director's duties are: the direction, managing, overseeing all detail procedure in connection with the campaign and its operation, embodying the organizing of committees, divisions, and groups; supervising the preparation of all matter prepared by the Publicity Manager, as well as the managing and supervising of Campaign Headquarters Staff. It should be understood that there is no miracle system of putting a campaign over. Success is only possible through the close co-operation and personal assistance of all those interested in the development of the hospital.

Rudyard Kipling very aptly describes the principle involved in all financial campaigns, that is:—

"It aint the individual
Nor the Army as a whole,
But the everlastin' team work
Of every bloomin' soul."

Building Committee

This committee should be a small one chosen from the Board of Trustees, and who are able and willing to devote any necessary time to the study of the project. It should have sufficient authority to give decisions upon all questions arising from the development of the plans, and to the execution of the construction of the building, including the selection and installation of equipment. This committee would of necessity report back to the Board of Trustees.

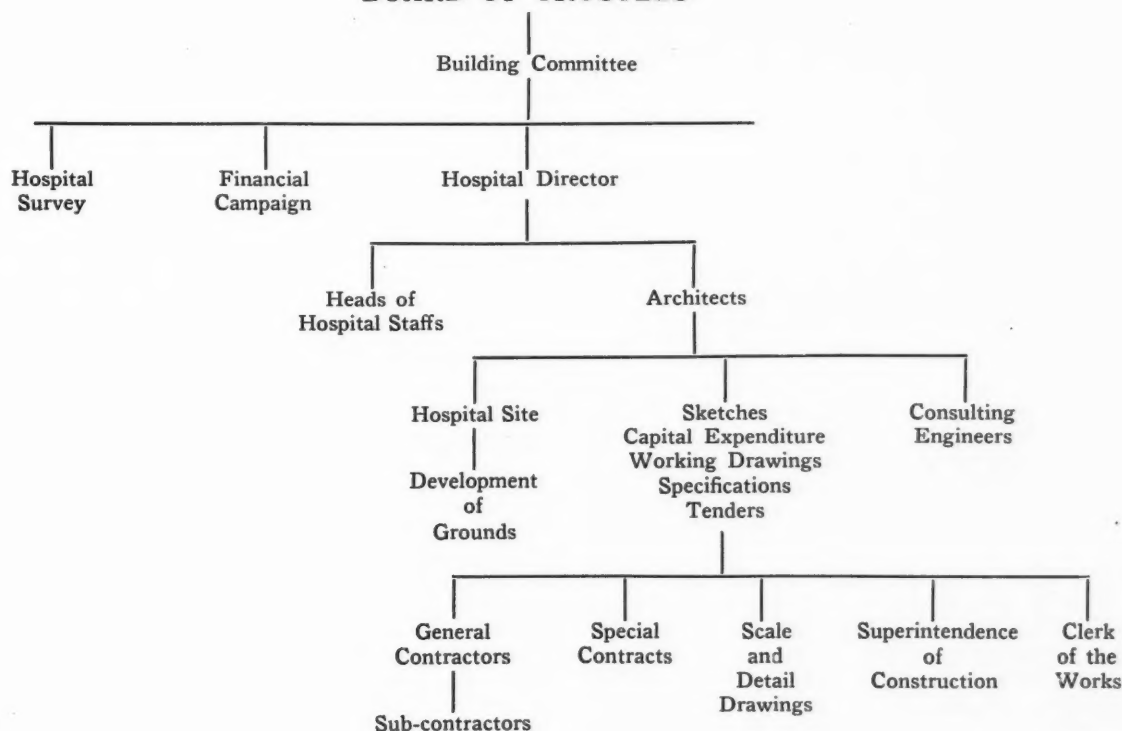
Hospital Director

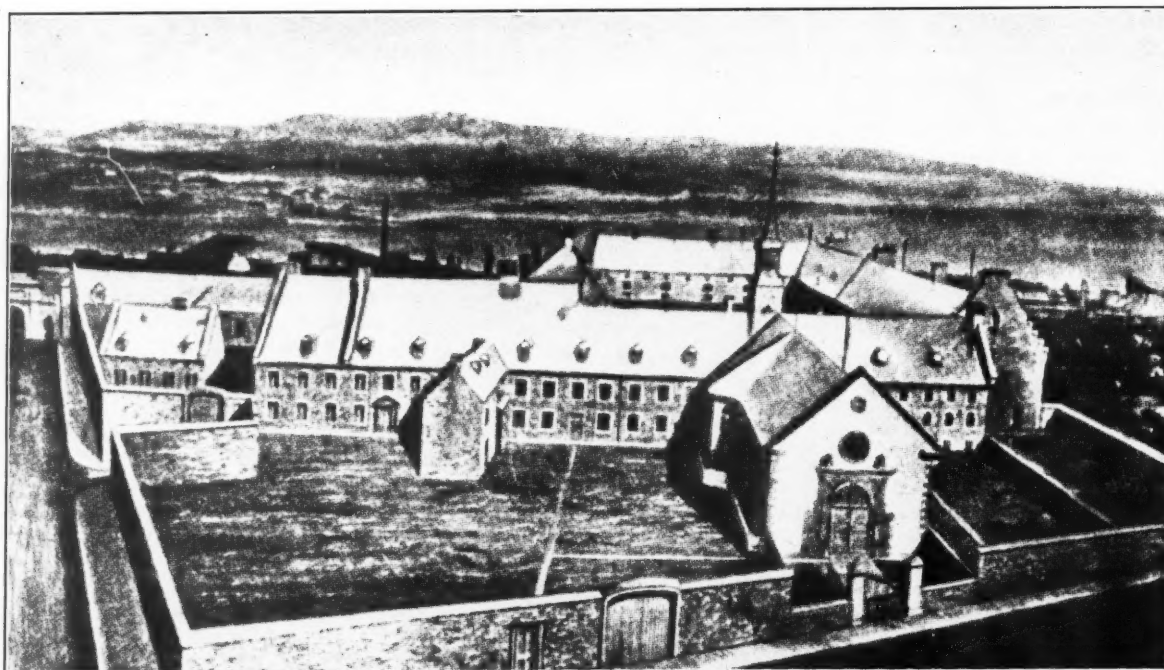
Lest there be any doubt as to what is meant by "Hospital Director" in these articles, the incumbent of this office is perhaps more frequently referred to as "Hospital Superintendent." In reality the terms are synonymous.

From the layman's point of view, it has been interesting to note the opinions of the two schools of thought upon the subject as to whether the Hospital Director should be a physician or layman.

In the findings of the International Hospital Association, it is to be noted that the opinion gains more and more ground, that the general management of a hospital must be in the hands of a physician. That means that the Director of a hospital in the first place must be a physician. Yet, there is, in this matter, no generally accepted view. The findings emphasized that some members do not think

BOARD OF TRUSTEES





Early 17th Century Hospital, demonstrating horizontal plan necessitating radii for nursing and other services.

it impossible that a layman who has sufficient knowledge in general hygienic matters, might also fill this post very well, provided he is able to maintain sufficient contact with the doctors connected with the hospital who may advise him in matters of a medical nature.

This group thinks that the consideration of the economic interests with a view to the right utilization of the hospital, demands great care, and is sometimes better in the hands of a layman than a physician.

The fact that the object of these articles is to interpret the complexities of hospital construction, it is interesting to find that the International Hospital Association points out that in all decisions which have to be taken regarding the hospital structure, arrangements, etc., a knowledge of hygiene and medicine is required and in general it is less unusual for a physician to acquire the economic knowledge necessary for right management than for a layman to acquire the medical knowledge which he absolutely needs in order to make his influence fully felt.

The onus of responsibility must necessarily rest with the Hospital Director when deciding upon service features since these must not be multiplied so freely as to absorb an unduly large proportion of the hospital's capital investment, and yet it is precisely this error which is creeping more and more into modern hospital planning. Eagerness to excel in the richness of mechanical equipment has led more than one hospital executive to sanction reckless expenditures for fixtures costly to instal, troublesome to maintain, and insufficiently used to justify their inclusion in the hospital plan.

The Hospital Director, when a new project is under advisement is in the position of co-ordinator and translator to the Board of Trustees and various heads of depart-

ments, consequently many individual and collective conferences are necessary at this stage.

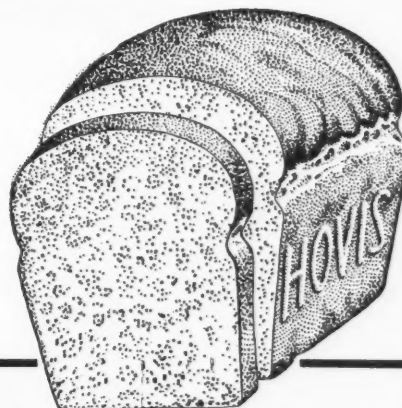
After the inception of the project, the architect should be appointed as early as possible for the purpose of preparing tentative sketches.

Since the heads of departments are necessarily responsible for the efficient administration of their various departments, it is essential that they should be consulted upon the physical composition of the layout of such department, so as to enable the Director to co-ordinate such requirements in the general scheme of the project. This process of co-ordination demands the continuous advice of the Architect so as to avoid over-balancing, provide easy means of travel and transportation, and flexibility in plan, thereby ensuring an economical and efficient unit as a whole.

There is one outstanding phase in this preliminary work which hospital directors, well versed in hospital administration, find it necessary to emphasize. This is, that the requirements of group medicine are not satisfactorily met when the individual clinical units are of such size separately as to absorb an undue part of the time and strength of the clinician in charge of administrative work. Where the distances, whether vertical or horizontal, between clinical departments are so great that the intimate interchange of ideas between the heads of departments is impossible, the plan is a failure. No one is more alive than the Hospital Director to the fact that the actual cost of the hospital building is of great practical importance to the Board of Trustees and its Building Committee. Nevertheless, he knows that in a theoretical approach to hospital planning, the mere cost of construction cannot be accepted as the ruling factor. The size and composition of a correctly planned hospital building and the character

CHEMICAL ANALYSIS OF HOVIS FLOUR

Water	- - - -	13%
Protein	- - - -	16.5%
Ash or Minerals	- - - -	2.5%
Carbohydrates	- - - -	65%
Fat	- - - -	3%



The proven health value of HōVIS Flour SUGGESTS ITS USE FOR HOSPITAL DIETS



Containing 25% by volume of pure wheat germ specially prepared, Hovis Flour is rich in protein and valuable mineral salts. Hovis Bread contains fourteen

times as much wheat germ as whole wheat bread. Since wheat germ helps to digest starch, Hovis is especially recommended for patients with weak digestion. The Vitamin B content gives it important value to those suffering from nervous disorders.

Hovis may be classed as a diabetic bread, because it contains 8% to 10% less starch than white or whole wheat bread. Hovis does not contain the coarse outer coating of the wheat berry but the rich Vitamin B content tends to make it mildly laxative.

Another of the many advantages of Hovis Bread is that the phosphorus it contains fosters bone growth and helps to build sound teeth. It

is a splendid food for growing children who particularly appreciate its pleasing nutlike flavour.

Originally milled only in England, Hovis is now produced in Canada from hard spring wheat, and enjoys a high reputation as a health flour. It offers the most acceptable way of utilizing wheat germ.

A wide variety of delicious and healthful specialties, including scones, tea biscuits, dietetic biscuits, ginger bread, Hovis delight, cup cakes, etc., may be economically made with Hovis Flour, or purchased from your baker. Additional information gladly furnished on request.

HōVIS

The Western Canada Flour Mills
Co., Limited

Head Office: Toronto, Ontario

Branch Offices at St. John, Montreal, Ottawa, Goderich, Winnipeg, Calgary and Edmonton. Pacific Coast enquiries should be addressed to Brackman-Ker Milling Co., Limited, New Westminster, B.C.

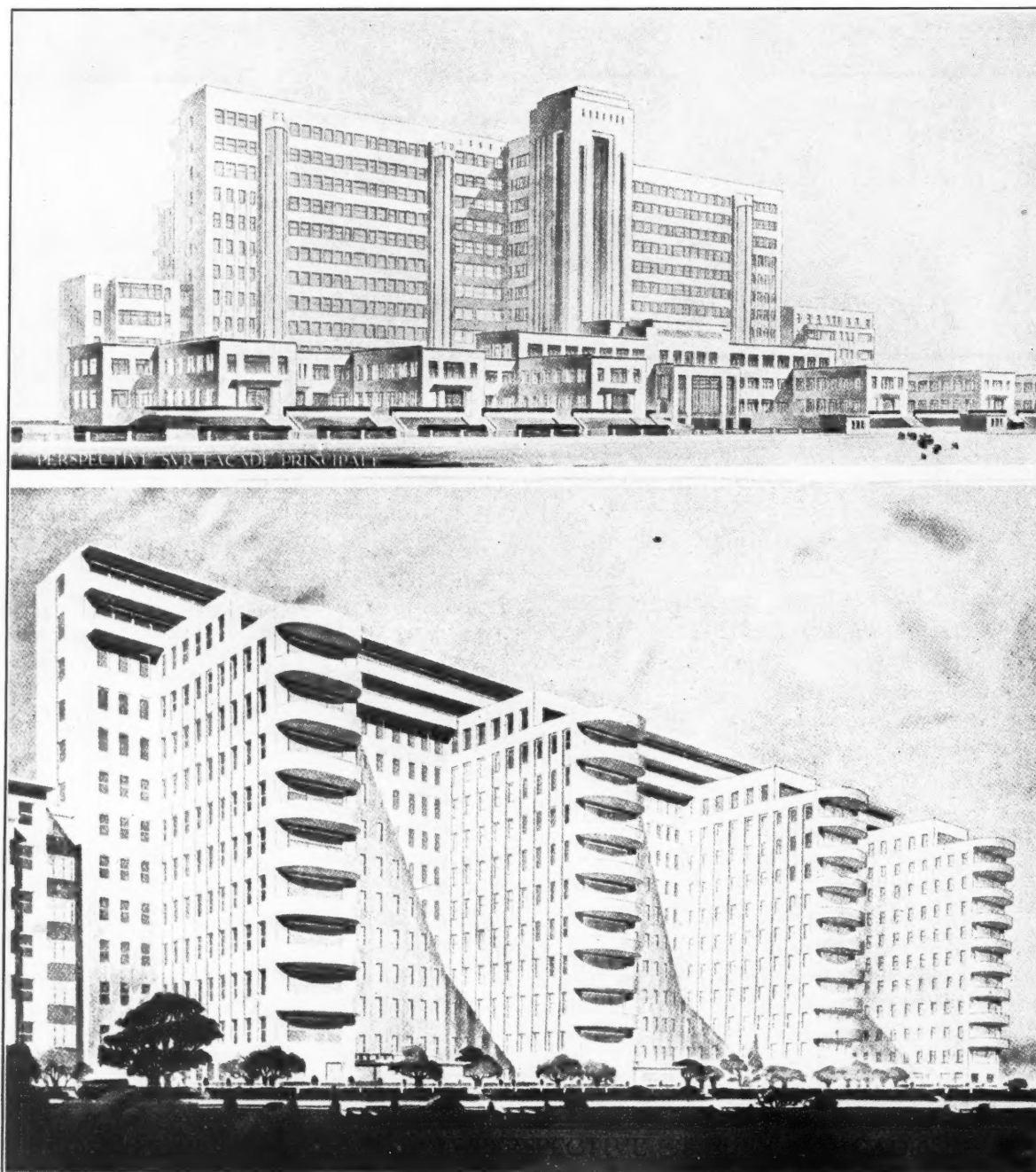
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of its equipment, which basically determine cost, must be deduced from functional needs and *not* from the Treasurer's report of available funds.

The efficient Hospital Director is inspired with the knowledge that a logically conceived hospital plan is not one in which a given space or composition is arbitrarily assumed and then sub-divided to the best of the architect's ability, but one in which the requirements of the various hospital functions are first studied separately, the

forms and space allowances thus ideally conceived for individual departments being afterwards put together in the most advantageous combination possible.

Such an example of procedure on the part of one of Canada's leading Hospital Directors came before the writer's notice recently. The occasion was a new million dollar project to an existing hospital. After tentative sketch plans had been prepared, action was taken in having one floor plan complete laid out in an empty building

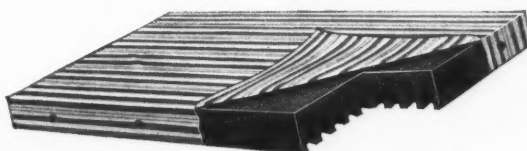


Plans of Paris-Clichy Hospital. M. M. Plouzey et Cassan, architects.

*20th Century Hospital, emphasizing vertical travel and centralization of services.
Top view shows north exposure, lower view, south.*

These English Hospitals Have Selected "DUNLOPILLO" MATTRESSES

St. Thomas's Hospital, London.
 Prince of Wales General Hospital, London.
 The Middlesex Hospital, Mortimer Street, London, W.1.
 Children's Hospital, Gt. Ormond Street, London, W.1.
 Finchley Hospital, Finchley, London, W.1.
 St. Leonard's Hospital, Hoxton Street, London, N.1.
 St. Mary Abbots Hospital, Marloes Road, Kensington, London, W.8.
 Hackney Hospital, 230 High Street, Homerton, London, E.9.
 Bethnal Green Hospital, Cambridge Road, London, E.2.
 Hammersmith Hospital, Ducane Road, Shepherds Bush, London, W.12.
 St. Giles Hospital, Brunswick Square, London, S.E.5.
 Lambeth Hospital, Brooke Street, London, S.E.11.
 Princess Beatrice Hospital, Richmond Road, Earls Court, London, S.W.5.
 Highgate Hospital, London.
 St. Claves Hospital, Lower Road, Rothelithe, London, S.E.
 Paddington Hospital, 285 Harrow Road, London.
 Mile End Hospital, Bancroft Road, London, E.1.
 Archway Hospital, Archway Road, London.
 Lewisham Hospital, 290 High Street, London, S.E.13.
 Hammersmith Hospital, Ducane Road, Shepherds Bush, London, W.12.
 St. Nicholas Hospital, Plumstead, High Street, London, S.E.18.
 The South London Hospital, Clapham Common, London, S.W.4.
 Sutton & Cheam Hospital, Sutton, Surrey.
 Blean Institution, Herne Common, Nr. Herne Bay.
 Wellhouse Hospital, Barnett.
 Farnborough Hospital, Bromley, Kent.
 Poor Law Institution, Faversham, Kent.
 Southampton Children's Hospital, Winchester Road, Southampton.
 Bexley Mental Hospital, Bexley, Kent.
 The Hospital, Pembury, Nr. Tunbridge Wells, Kent.
 Parkhurst Institution, Parkhurst, I.O.W.
 Croydon General Hospital, Croydon.
 King George Hospital, Ilford, Essex.
 Hatfield Institution, Hatfield, Herts.
 Cefn Coed Hospital, Swansea.
 Eastern General Hospital, Edinburgh.
 The Royal Victoria & West Hants Hospital, Bournemouth.



East Suffolk & Ipswich Hospital, Ipswich.
 The General Infirmary, Leeds.
 The Royal Infirmary, Sunderland.
 Royal Victoria Infirmary, Newcastle-on-Tyne.
 Royal Berkshire Hospital, Reading.
 The Kent County Council Hospitals.
 Selly Oak Hospital, Selly Oak, Birmingham.
 Barrasford Sanatorium, Camphill, Barrasford.
 Tamworth Hospital, Tamworth.
 Guest Hospital, Dudley.
 Nottingham County Council.
 Birmingham Public Health.

Enfield & Edmonton Joint Hospital Board.
 Manchester Royal Infirmary, Manchester.
 Queens Hospital, Birmingham.
 Children's Hospital, Birmingham.
 Royal Cripples Hospital, Birmingham.
 General Hospital, Birmingham.

Liverpool Nursing Home, Liverpool.
 St. Joseph's Hospital, Preston.
 Southern General Hospital, Glasgow.
 Walton Hospital, Liverpool.
 Dartmouth Park Hill, London, N.19.
 King George V Sanatorium, Godalming, Surrey.
 Constance Road Institute, East Dulwich, London, S.E.22.
 The Hospital, Farnborough, Bromley, Kent.
 The Poor Law Institution, Hothfield, N. Ashford, Kent.
 The Poor Law Institution, Cranbrook, Kent.
 The Poor Law Institution, Bridge, Canterbury, Kent.
 The Poor Law Institution, Eastry, Kent.
 The Poor Law Institution, Faversham, Kent.
 Lyminge Institution, Hill House, Etchinghill, Nr. Folkstone.
 The Poor Law Institution, Pembury, Nr. Tunbridge Wells.
 Stockport Public Assistance, Stockport.
 Leeds Corporation (Public Assistance).
 Jericho Institute, Bury.
 St. Lukes Hospital, Halifax.
 Southport New Hall Hospital, Southport.
 St. Lukes & St. Mary's Hospital, Huddersfield.
 Huddersfield Corporation Infectious Disease Hospital, Huddersfield.
 Huddersfield Bradley Wood Sanatorium, Huddersfield.
 Huddersfield Corporation Maternity, Huddersfield.
 Salford Corporation Public Assistance.

Above is a list of eighty-one English Hospitals, among them the largest institutions of their kind in England. Every one of them are using "DUNLOPILLO" Mattresses. More hospitals, here in Canada as well as in England, are being added to the list steadily.

The reason is that "DUNLOPILLO" Mattresses bring a new high standard of comfort to patients. They pro-

vide a firm, gentle, cool support to tortured bodies. More than that, they have unusually high hygienic qualities, are odorless, light and easy to handle, and they do not sag or pack.

Made in Canada Exclusively by Dunlop Tire & Rubber Goods Co., Limited. Write for further particulars to "DUNLOPILLO" Products, Division M, Toronto.



Cast Aluminum for

- Durability
- Sanitation
- Easy Cleaning
- Economy

Cooking Utensils for All Purposes

Stock Pots, Pans, Steam Jacketted
Kettles, Roasters

Ask Us for List of Installations

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GEO. SPARROW & CO., LIMITED

119 Church Street, Toronto

Complete Kitchen Equipment and Supplies for Institutions

Our facilities and experience enable
us to give unexcelled service on small
jobs, as well as complete installations.



May We Quote on Your Requirements?

and the various heads of departments were invited to inspect the layout and offer criticism thereon. The diet kitchen and appurtenances thereto were also laid out, full size, and the chief of that department called into conference for the purpose of obtaining constructive criticism.

This procedure was followed for other phases of the plan with the result the Hospital Director was able to advise the Board of Trustees with confidence, and convey to the architects such findings, thus ensuring a satisfactory basis at the beginning and without a doubt avoiding unnecessary misunderstandings and wasteful expenditures.

Medical and Surgical Staffs

Referring to the graphic chart indicating the relationship of the various activities involved in the hospital organization, it is to be noted that the medical and surgical staff is directly responsible to the Board of Trustees. Nevertheless, there is a close relationship between the Hospital Director and the medical and surgical staff.

For the purpose now under review, it is only necessary to reiterate the accepted opinion of hospital authorities that function always determines structure, therefore, the planning and arrangement of a hospital will be influenced largely by considerations of the purpose which the institution is intended to serve.

This premise anticipates the individual and collective conferences which must of necessity take place between the Hospital Director and the heads of staffs of which the medical and surgical staff are no exception.

The heads of the medical and surgical staff when engaged upon the determination of the size and extent of their various departments, appreciate that it is necessary that the patients in the hospital be completely examined as soon as possible, so that all timely measures may be taken for their right treatment. It is a well known fact, that this investigation is much more extensive than formerly; this applies to surgical, gynaecological and orthopaedic patients, as well as neurological and psychiatric cases. In a well arranged hospital, this investigation can take place punctually and sufficiently soon, if the requirements are satisfactorily met in the composition of the plan of the institution. Therefore, it is obvious that in the planning of the hospital, the heads of medical, surgical, eye, nose and throat, genito-urinary, X-ray, therapeutic, laboratory, obstetrical, gynaecological and out patient divisions must all give their co-operation in working out the requirements for the hospital, in consultation with the Hospital Director and architect.

Nursing Service

An expert, well educated nursing staff, drilled in technique, is indispensable to a hospital. Therefore, if this service is to be efficient in its working, the Superintendent of Nurses must be consulted upon the accommodation to be provided for such service. This policy fortunately, is more often than not observed by Hospital Directors.

Dietetic Department

Thousands of meals a day are consumed by patients, staff, nurses and employees in the average city hospital of to-day.

This would be termed big business in the commercial world, and painstaking research would be lavished upon

(Continued on page 32)

Please refer to THE CANADIAN HOSPITAL when writing

S U T U R E S I N A N C I E N T S U R G E R Y



TO surgeons of the Arabian school belongs the credit for preserving the science of surgery in the period following the decline of Greco-Roman civilization. In the use of sutures and ligatures they followed existing practices rather closely with one notable exception—the writings of Rhazes describe the closure of wounds with harp strings, made from the intestines of sheep, twisted and dried in the sun, constituting the earliest record of the use of catgut as a suture material.

D&G Sutures

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.

Kalmerid Catgut

EMBODIES all the essentials of the perfect suture. Being impregnated with the double iodine compound, potassium-mercuric-iodide, it exerts a bactericidal action in the suture tract and supersedes the older unstable iodized catgut. Prepared in two varieties—Non-Boilable for those desiring the maximum of suture flexibility, and Boilable for those preferring to sterilize the exterior of tubes by boiling or autoclaving. Both varieties are heat sterilized.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	
1405..PLAIN CATGUT.....	approx. 5'	
1425..10-DAY CHROMIC.....	" 5'	
1445..20-DAY CHROMIC.....	" 5'	
1485..40-DAY CHROMIC.....	" 5'	

BOILABLE VARIETY

1205..PLAIN CATGUT.....	approx. 5'
1225..10-DAY CHROMIC.....	" 5'
1245..20-DAY CHROMIC.....	" 5'
1285..40-DAY CHROMIC.....	" 5'

Sizes: 000..00..0..1..2..3..4
also 4-0 in non-boilable variety

Package of 12 tubes of a kind.....\$3.60

Kal-dermic Skin Sutures

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.

NO.	SUTURE LENGTH	DOZEN
550..WITHOUT NEEDLE.....	120"	\$3.60
954..WITH 1/2-CURVED NEEDLE.....	20"	3.00

Sizes: 000 00 0
(FINE) (MEDIUM) (COARSE)

852..WITHOUT NEEDLE.....40"..... 1.80

Sizes: 8-0..6-0..4-0..000..00..0

In packages of 12 tubes of a kind and size

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	SUTURE LENGTH	DOZEN
555..WITHOUT NEEDLE.....	60"	\$3.60
855..WITHOUT NEEDLE.....	20"	1.80

Sizes: 1 2 3
(FINE) (MEDIUM) (COARSE)

In packages of 12 tubes of a kind and size

Intestinal Sutures

KALMERID plain or chromic catgut with Atraumatic needles integrally affixed. For gastro-intestinal work and membranes where minimized trauma is desired.

EXCEPTIONAL STRENGTH HERE

NON-BOILABLE VARIETY

Plain Catgut:

NO.	SUTURE LENGTH	DOZEN
1501..STRAIGHT NEEDLE.....	28"	\$3.60
1503..3/8-CIRCLE NEEDLE.....	28"	4.20
1504..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1505..1/2-CIRCLE NEEDLE.....	28"	4.20

20-Day Chromic:

1541..STRAIGHT NEEDLE.....	28"	\$3.60
1542..TWO STRAIGHT NEEDLES... 36"		4.20
1543..3/8-CIRCLE NEEDLE.....	28"	4.20
1544..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1545..1/2-CIRCLE NEEDLE.....	28"	4.20

BOILABLE VARIETY

Plain Catgut:

1301..STRAIGHT NEEDLE.....	28"	\$3.60
1303..3/8-CIRCLE NEEDLE.....	28"	4.20
1304..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1305..1/2-CIRCLE NEEDLE.....	28"	4.20

20-Day Chromic:

1341..STRAIGHT NEEDLE.....	28"	\$3.60
1342..TWO STRAIGHT NEEDLES... 36"		4.20
1343..3/8-CIRCLE NEEDLE.....	28"	4.20
1344..SMALL 1/2-CIRCLE NEEDLE* 28"		4.20
1345..1/2-CIRCLE NEEDLE.....	28"	4.20

Sizes: 00..0..1, except *00..0 only

In packages of 12 tubes of a kind and size

Circumcision Sutures

KALMERID plain catgut threaded on a small, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
630..WITH EYED NEEDLE.....	28"	00, 0
635..WITH ATRAUMATIC NEEDLE..	28"	00, 0

BOILABLE VARIETY

600..WITH EYED NEEDLE.....	28"	00, 0
605..WITH ATRAUMATIC NEEDLE..	28"	00, 0

Package of 4 tubes \$1.20; per doz. \$3.60

DISCOUNTS ON QUANTITIES

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N. Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Obstetrical Sutures

KALMERID 40-day catgut threaded on a large, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
680..WITH EYED NEEDLE.....	28"	2, 3
685..WITH ATRAUMATIC NEEDLE..	28"	2, 3

BOILABLE VARIETY

650..WITH EYED NEEDLE.....	28"	2, 3
655..WITH ATRAUMATIC NEEDLE..	28"	2, 3
Package of 3 tubes \$1.20; per doz. \$4.20		

Special Purpose Sutures

WITH Atraumatic needles integrally affixed. Selection of needles and material based on consensus of professional opinion. Suture length 18 inches. Boilable.

Plastic Sutures:

NO.	MATERIAL	SIZE	NEEDLE SHAPE	LENGTH
1651..	KAL-DERMIC.....	6-0...	3/8-CIRCLE.....	3/8"
1655..	KAL-DERMIC.....	4-0...	1/2-CURVED.....	7/8"
1658..	BLACK SILK.....	4-0...	1/2-CURVED.....	7/8"

Eye Sutures:

1661..	BLACK SILK.....	6-0...	1/2-CIRCLE.....	3/4"
1665..	BLACK SILK.....	4-0...	3/8-CIRCLE.....	3/8"
1666..	PLAIN CATGUT...	3-0...	3/8-CIRCLE*	1/2"
1667..	PLAIN CATGUT...	3-0...	3/8-CIRCLE.....	1/2"
1668..	10-DAY CATGUT..	3-0...	3/8-CIRCLE*	3/8"
1669..	10-DAY CATGUT..	3-0...	3/8-CIRCLE.....	3/8"

* Double armed, suture length 12 inches

Nerve Sutures:

1670..	BLACK SILK.....	6-0...	STRAIGHT.....	3/8"
--------	-----------------	--------	---------------	------

Artery Sutures:

1675..	BLACK SILK.....	6-0...	STRAIGHT.....	3/4"
1678..	BLACK SILK.....	6-0...	1/2-CIRCLE.....	3/4"

Package of 12 tubes of a kind. . . . \$4.20

Tonsil Sutures

KALMERID plain catgut with a 1 1/4 inch half-circle Atraumatic needle of correct diameter affixed. Suture length 28 inches.

NO.	SIZE
1605..BOILABLE VARIETY.....	0
1615..NON-BOILABLE VARIETY.....	0

Package of 12 tubes. . . . \$4.20

DISCOUNTS ON QUANTITIES

Ribbon Gut

AN absorbable ribbon of animal intestinal tissue for nephrotomy wound closure, by the Lowsley-Bishop technic. Ribbon length, 18 inches. Boilable.

NO.	WIDTH
20..PLAIN.....	5/8"
Package of 12 tubes.....	\$3.60

Short Sutures for Minor Surgery

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
702..	PLAIN KALMERID CATGUT..20"	00 TO 3
722..	20-DAY KALMERID " ..20"	00 TO 3
742..	40-DAY KALMERID " ..20"	00 TO 3

BOILABLE VARIETY

802..	PLAIN KALMERID CATGUT..20"	00 TO 3
812..	10-DAY KALMERID " ..20"	00 TO 3
822..	20-DAY KALMERID " ..20"	00 TO 3
842..	40-DAY KALMERID " ..20"	00 TO 3
862..	HORSEHAIR	56".....00
872..	WHITE SILKWORM GUT..28"	0
882..	WHITE TWISTED SILK.....20"	000, 0, 2
892..	UMBILICAL TAPE.....24"	1/8" WIDE
Package of 12 tubes of a kind. . . . \$1.80		

Emergency Sutures

THREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

NO.	SUTURE LENGTH	SIZES
904..	PLAIN KALMERID CATGUT..20"	00 TO 3
914..	10-DAY KALMERID " ..20"	00 TO 3
924..	20-DAY KALMERID " ..20"	00 TO 3
964..	HORSEHAIR.....	56".....00
974..	WHITE SILKWORM GUT..28"	0
984..	WHITE TWISTED SILK.....20"	000, 0, 2

In packages of 12 tubes of a kind

Emergency Suture Assortment:

900.. ASSORTED—CATGUT, SILK, AND KAL-DERMIC SKIN SUTURES, ON HALF-CURVED NEEDLES

Package of 12 tubes. . . . \$3.00

Other D & G Products

INFORMATION and prices covering silk, kangaroo tendons, horsehair, celluloid-linen, umbilical tape in jars, and Kalmerid germicidal tablets will be sent upon request.

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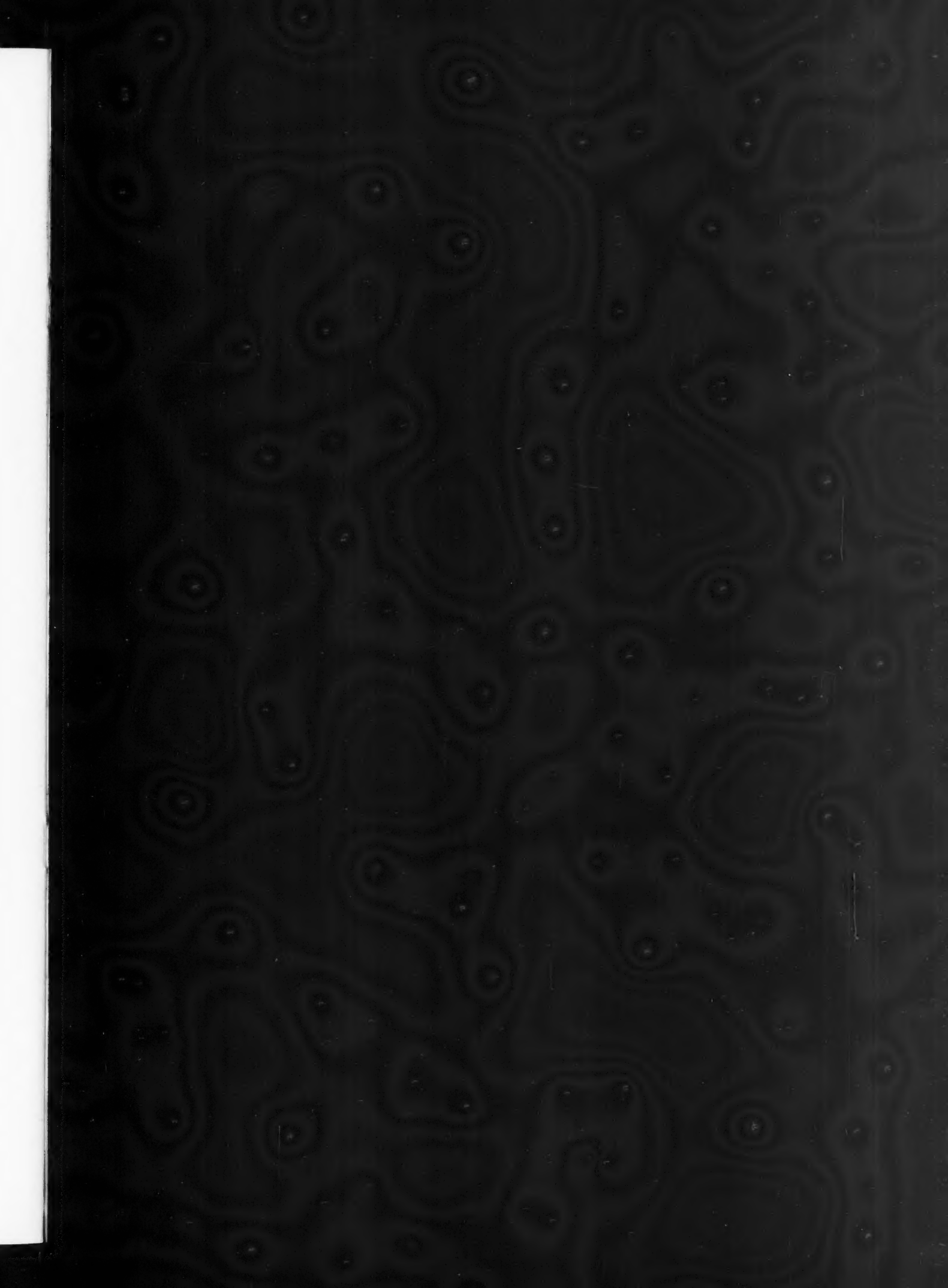
C O N T R O L S



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Every D&G suture is subjected to rigorous heat sterilization.

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(Continued from page 8)

food. When Insulin is given it is of course essential that all the food planned be eaten or else its equivalent taken. We have found some children cunning enough to refuse a vegetable simply because they know that usually an orange juice substitution is made, and they play up to this fact. However this can be overcome by substituting another vegetable of equal value.

If a diabetic is to undergo an operation and anæsthetic routinely they are given only two-thirds of their total glucose value for the day. One-third as gruel of cereal, glucose and water, three hours prior to operation, and the other third as a fruit drink of orange juice, lemon juice and glucose several hours after operation.

In following cases sent out of the hospital on strict dietary routine, we find that the majority get along with very little difficulty. They make satisfactory progress on Insulin reduction, and above all are able to lead normal lives. They attend school, take part in games, athletics, and all the usual activities of their playmates. When happy about their diet and satisfied with it, they cheerfully accept their handicap, learn to make the necessary adjustments, and have an excellent chance of reaching successful adult life.

Following is a sample day's menu of a high carbohydrate diet. Prescription of—protein 60 gms.; fat 90 gms.; carbohydrate 250 gms.

BREAKFAST

Fruit with 25 gms. carbohydrate.
Cereal with 20 gms. carbohydrate.
Bread 44 gms.
Butter 11 gms.
Milk 100 gms.
Cream 16% 120 gms.
Honey 20 gms.

DINNER

Lean meat, cooked, 41 gms.
Potato 100 gms.
Vegetables with 12 gms. carbohydrate.
Bread 24 gms.
Butter 7 gms.
Milk 100 gms.
Cream 16% 90 gms.
Dessert No. 1. See Dessert List.
4 P.M.

Fruit with 15 gms. carbohydrate.

SUPPER

Scalloped potato. See recipe.
Vegetables with 6 gms. carbohydrate.
Bread 44 gms.
Butter 12 gms.
Milk 200 gms.
Cream 16% 30 gms.
Fruit with 27.5 gms. carbohydrate.

FRUIT LIST

Proportions of fruit having a carbohydrate content of

	10gm	12.5gm	15gm
Oranges e.p.	90gm	112gm	135gm
Oranges a.p.	120gm	150gm	180gm
Apples e.p.	70gm	88gm	105gm
Bananas e.p.	45gm	56gm	68gm
Prunes a.p.	16gm	20gm	24gm

Note.—This table is given for all fruits, and in amounts from 5 to 30 gms. carbohydrate, increasing by 2.5 gms. Diets always refer to a listed carbohydrate value of fruit.

Sterling Surgeons Gloves

"CANADIAN MADE — UNSURPASSED"



Elbow Length Obstetric Glove

Supplied in smooth
finish only.

Sizes 7, 7½, 8
and 8½.

Specialists in Surgeons' Gloves
for 22 Years.

Sterling Rubber Company

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GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

DIACK

WHEN you see or hear the word
"Diack" you know that it means
absolute safety in sterilization.

When you operate your sterilizer, you want more than evidence that the door has been closed for thirty minutes. You want to know that the steam at a temperature of 248 deg. has penetrated to the centre of the bundle. The time-tried Diack Control is the one conclusive proof of this definite penetration.

The "ink" method or the "iodine" method are not 248 deg. answers by 30 deg., or more. Hence a 248 degree answer at the centre of a bundle demands a Diack Control, the only device that will tell you. Your neighbors on every side use them!

Box of 100, Postpaid, \$4.50 in Canada.

A. W. DIACK

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Vol. 11

MAY, 1934

No. 5

Analyzing the Many Phases of a Hospital Building Project

THE functions of the hospital have to-day assumed great importance in the sanitary and social activities of the more progressive nations, and is a valuable instrument in the hygienic and sanitary defenses of the population.

In view of the great advances of all medical, surgical and biological sciences, not to speak of therapy and its multifarious applications, the duties and obligations of the hospital architect of to-day are actually very complex, and demand an intelligent understanding of the humanities of life.

These relationships, duties and obligations have been carefully analyzed by Mr. B. Evan Parry in two articles, the first of which appears in this issue of The Canadian Hospital, entitled "An Analysis of the Complexities of Hospital Construction."

Many of our readers, from time to time, have been non-plussed as to the best procedure to follow when organizing a hospital project, and after much trial and tribulation have been forced to realize that they have "stepped off on the wrong foot."

This journal's policy is to furnish first hand information to its readers upon matters concerning the hospital field, and although articles have appeared from time to time in The Canadian Hospital upon the individual responsibilities of hospital executives and staffs, nevertheless, this is the first time a hospital architect of repute has treated all the many phases involved in the building of a hospital, particularly in relation to the responsibilities of the trustees, hospital director, and the staffs of the various services in the hospital.

Mr. Parry's statements are authoritative inasmuch as

they are based upon his many years of experience in the hospital field of architecture, and his associations with both the International Hospital Association and the Canadian Hospital Council.



Effecting Worth-while Economies in a Dietary Department

SINCE one-fourth of the hospital budget is spent on food a great deal of attention should be given to possible economies in the Dietary Department. The hospital kitchen should reflect the efficiency of the workers, and an efficiently operated department can save many dollars for the institution.

Of course the time to effect the greatest economy in food service is in the primary organization of that department, and much information is now available concerning the relative merits of direct and indirect food service.* Moreover, attention should be given not only in the early organization of the department but at all times, to the merits of the various types of equipment available for the distribution of food to the wards, and dietitians and superintendents should be constantly alert in seeking improved and economical methods or organizing personnel to effect a more economical service of meals.

A vital approach to the control of food costs is through a study of waste. This can be accomplished not only through the use of standard recipes and portions but a careful study of plate waste from time to time. Another important point in controlling waste is the importance of choice, for if instead of a set menu you introduce the element of choice you will find that complaints and waste on the plate decrease decidedly.

Many hospitals have found economies resulting from keeping a close check on personnel entitled to meals, simpler holiday menus, charging guests an adequate sum for meals, more frequent use of cheaper cuts of meat and by mimeographing menus instead of printing.

"Breakages" can account for some of the leaks in the Dietary Department budget but periodic talks to the employees on the matter will soon gain their co-operation and usually show surprising results.

Since "To save money is to make it" every hospital can work out a means of accomplishing both by supervising carefully the end results of the work of the Dietary Department.

**An excellent review of the relative merits of direct and indirect food service is contained in the Bulletin on Construction and Equipment (No. 3) of the Canadian Hospital Council — price 50c.*



A Survey of Catholic Hospitals in United States and Canada

According to the Second Quinquennial Survey of Catholic Hospitals of the United States and Canada, not a single Catholic hospital has had to close its doors despite the terrific financial strain through which they have passed during the past five years. This Survey, which has just

been published in Hospital Progress, indicates quite clearly the trend in the Catholic hospital field and the whole report shows little effect of the depression. In this survey the reader will not only find the latest statistics but also comparative data covering figures collected in 1929.

From the carefully formulated summary it is interesting to note that while there has been a decrease of 290 hospitals in the States, the number of Catholic hospitals has increased by eight institutions, and in Canada, while there has been an increase of seven institutions among *all* the hospitals, the Catholic institutions have increased by 29, giving a present total of 163 hospitals.

At the present time Catholic hospitals in the United States represent 9.8 per cent. of the total number of institutions, while in Canada they represent 18.2 per cent. of the total.

The total number of beds in Catholic hospitals in the States is 87,612 or 8.5 per cent. of all hospital beds, while in Canada the figure is 26,674 or 39.4 per cent. of all hospital beds.

According to these statistics the rate of growth of the Catholic hospital in the United States has been retarded during the last five years but no such retardation is noticed in the rate of growth in the number of Catholic institutions or number of beds in hospitals in Canada.

Since the Catholic population of the United States is between 16 per cent. and 17 per cent. of the total population the Catholic hospitals and beds in them are still only between one-third and one-half as numerous as is expected on the basis of the total population. In Canada, however, the Catholic population is 40 per cent. of the

total population and Catholic hospitals are only one-half as numerous but the number of beds is fully three-fourths as great as is expected on the basis of total population.

In the States more than one-quarter of the hospitals approved for internship are now Catholic hospitals while in Canada this feature has lagged behind with 2.4 per cent. of all hospitals approved for internship and 3.1 per cent. recommended.



Legislation Favours Increased Convalescent Facilities

THE Ontario Government recently amended its hospital legislation so as to provide that duly recognized convalescent hospitals in the Province of Ontario shall receive a per diem grant of 90 cents per patient-day from the municipality, of which an indigent patient is a resident, and 30 cents per patient-day from the Province for all patients from whom the convalescent hospital does not receive from other sources more than 90 cents per diem.

These sums compare with 60 cents per diem (less a varying percentage) from the Provincial Government and \$1.75 per diem from the municipalities now paid to general public hospitals.

So far very little provision has been made for convalescent care in Canada and it is to be hoped that this progressive step on the part of the Ontario Government will stimulate a further interest in providing convalescent facilities.

The World's Standard Anesthetic Ether



When surgery becomes necessary, choose that ether which long and wide experience has proved to be the safest, purest and most effective ether for surgical use. **Choose Squibb's.**

Squibb Ether, in millions of cases, has proved its dependability by carrying patients safely through the unconscious and post-operative periods with a minimum of danger. Its purity is indicated by the fact that Squibb Ether is **the only anesthetic ether packaged in copper-lined containers, to prevent formation of oxidation by-products.** A special mechanical closure prevents contamination of the ether by solder or soldering flux. The cap is so designed that a safety pin may be inserted to provide a handy dropper for administration of the ether by the Open Drop Method.

In surgery only one consideration is paramount—safety. Therefore, depend on Squibb Ether—the world's standard anesthetic ether.

Send your request and professional card to E. R. Squibb and Sons of Canada Ltd., 36 Caledonia Rd., Toronto, and we will gladly mail you any or all of these booklets: "Open Ether Anesthesia"; "Spinal Anesthesia"; "Ether-Oil Squibb."

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A "Round Table" on Foods and Food Service

Hovis is Bread Recommended for Nerve Disorders

The value placed on Vitamin B in nervous cases is directing attention to the germ of the wheat which is rich in this particular vitamin. A palatable way to assure an abundance of Vitamin B is through Hovis bread, or other bread-stuffs made with Hovis flour. About one-quarter by volume of Hovis flour is pure wheat germ, specially prepared. Hovis bread contains approximately 14 times as much wheat germ as whole wheat bread. It is baked from a simple formula of Hovis flour, yeast and water.

Hovis tends to be a corrective for anæmia and defective nutrition. It is a vitally complete food. Practically one-tenth of the total weight of a loaf of Hovis bread is protein in soluble form. It is rich in fat, carbohydrates and mineral salts.

Hovis may be classed as a diabetic bread, because it has from 8 to 10 per cent less starch content than white or whole wheat bread. Another of the many health advantages of Hovis bread is that its rich phosphorus content fosters bone growth and the development of sound teeth. It is a splendid food for growing children, who find its nut-like flavour particularly pleasing.

Hovis bread is both delicious and easily digested. The special processing of the wheat germ gives it a distinctive and highly palatable flavour. Hovis bread slices without crumbling. It makes dainty sandwiches, and delicious toast to tempt the appetite of the invalid.

Good Tea is Important in the Diet of the Patient

The importance of a cup of good tea in the diet of a hospital patient is often overlooked.

The difference between just tea and the quality that brings real satisfaction to the patient as Flowerdale tea does, can hardly be overestimated. The cost, too, is so small as to be scarcely worth mentioning. One tenth of one cent per cup above ordinary tea will bring to the patient that cheer and comfort that help greatly on the road to recovery.

Flowerdale tea is composed of the juicy young leaf shoots from gardens on the higher altitudes and by painstaking care in blending different pluckings together they maintain constantly its marvellously uniform strength and flavour.

When appetite lags and strength is at a low ebb its grateful stimulation without reaction is invaluable. The firm who pack and blend Flowerdale tea stand behind their product, authorize you to ship it back if it is not all they claim it to be.

How often a good meal has been utterly spoiled by an unpalatable cup of tea, and especially in hospital treatment it is important to tempt the appetite, and keep up the patients' strength in order to enable them to repair the ravages of disease.

Marmite Possesses Unique Nourishing Qualities

Marmite is a food extract of piquant rich flavour and possesses nourishing and health properties that are unique. It makes for variety in meals, and, indeed in many hospitals it is served regularly every day in some form or another.

Marmite contains the vital health element, vitamin B, which helps the body to absorb the nourishment contained in food, tones up the system and keeps the digestion just right.

All those who take a little Marmite daily will find it most savoury and nourishing when spread in sandwiches, on hot buttered toast, or as Marmite cup, (made by just stirring a small teaspoonful of Marmite into a breakfast-cupful of boiling water) in place of beef tea.

The merits of Marmite, the tempting flavour, its high concentrated nourishing value, its health building properties — are recognized by medical men, dietitians and others in all walks of life.

Marmite is a valuable aid in infant feeding. It is highly recommended for children, and the opinion has been expressed by scientific people that every child should have a little Marmite daily.

Infants often take a remarkable turn for the better if Marmite is added to their daily diet. Babies take it eagerly in milk, and the product is very beneficial in that it assists in counteracting the tendency to internal sluggishness which an exclusive milk diet so often produces.

Apart from its medicinal value, Marmite is a most concentrated extract, and therefore most economical to use. If the correct quantity is given, the flavour will be found delicious.

MacLaren-Wright Limited, Toronto, are the Canadian distributors.

Canadian Made Vegetable Steamers and Dishwashers

For more than 50 years the name Wirco has stood for quality and dependable equipment consistent with fair prices. This company's long experience and the diversified lines manufactured for the hospital and institutional kitchen equipment field is attested to by the numerous installations across Canada, England and the British West Indies. Always to the fore in the designing of equipment, two of its outstanding contributions to the industry in Canada have been made during the last four years. For 1930 the Wirco Low Pressure Vapor Vegetable Cooker was introduced, and in 1931 the Wirco Electric Dishwasher was put on the market, both units being the first manufactured completely in Canada. Both of these are enjoying a wide distribution throughout Canada and reflect great credit on the company.

The Vegetable Steamer is designed on an entirely different principle than that of the old cast iron high pres-

sure steam type. This cooker uses cold water as its principle, which is heated by steam coils. When sufficiently hot the clean vapor issuing off the water is allowed to seep through the food, and hence a well and properly cooked vegetable is the result. The other main feature is non-corrosion inside the cooker, it being of stainless steel and equipped with aluminum baskets. A most modern piece of equipment.

Electric Dishwashers have long been manufactured for hotel and restaurant use, but the Wirco Co. pioneered its development as a Canadian-made machine in Canada. The Wirco Dishwasher is offered in two forms, galvanized steel Duco and staybrite stainless steel, electric welded body, heavy duty motor, steam sterilizer, in styles corner or straight through machines. Capacity 4,000 dishes per hour. This size will take care of the needs of 75% of the users of dishwashing equipment.

The Wrought Iron Range Co., Limited, will be pleased to supply additional information.

White Swan Gluten Flour Favoured in Hospital Menus

Gluten is defined by scientists as being "That part of wheat which builds muscular and nerve tissue, and replaces worn out tissue."

An analysis of samples of White Swan Gluten flour shows the following:

Moisture at 100° C.	6.26%
Gluten	51.49%
Starch	39.73%
Fats	1.60%
Gums	Trace
Sugar	Trace
Fibre	0.46%
Mineral Ash	0.46%
<hr/>	
100.00%	

White Swan Gluten Flour is used in many hospitals because patients and staff alike appreciate its appetizing flavour and health building qualities when used in bran biscuits, gluten bread, porridge, infant food, dumplings, cakes, etc. This product is made by Pure Gold Mfg. Co., Limited, Toronto, who have specialized in high grade foods for over half a century.

Sully Cast Aluminum for Institutional Use

Sully Aluminum Limited, Toronto, makers of the well known cast aluminum cook ware by that name, report an increasing demand for their specialties in pans, serving pitchers and steam jacketed kettles.

Sully cast aluminum, they state, has all the advantages of the ordinary aluminum utensil plus the fact that because of its thickness and texture it is practically indestructible, retains heat for hours, has no seams or rivets, is absolutely sanitary and effects a large saving in fuel costs and shrinkage loss of foods.

They have made some very attractive installations which are giving wonderful results in efficiency and economy.

Specializing—

for over half a century in the production of

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has established our enviable reputation.

WHITE SWAN GLUTEN FLOUR

is used in many of the best hospitals in Canada, and is recommended by members of the Medical Profession.

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TORONTO**

A list of our products will be sent
on application

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Egg-O Baking Powder meets modern requirements for an ideal baking powder—higher acid strength, slower action and less cathartic residue. From start to finish Egg-O is under complete laboratory control and constantly tested under usual working conditions.

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Modern Slicing Machines Offer Many Advantages

MODERNIZATION is a by-word to-day and the wise hospital administrator is getting his house in order and ready to tackle the improving conditions with new and up-to-date equipment.

Manufacturers have been tireless in their investigations and have in recent years carried on experiments and developed new ideas into machinery to such an extent that every line of activity has taken on a different picture.

Organization work among manufacturers, retailers and distributors generally has brought about economies through modern equipment and modern methods, and it is well for hospitals and institutions to investigate the economies offered.

It is true that our hospitals and institutions have not been backward in the installation of modern scientific apparatus and general equipment, but along the lines of modern food handling machinery but little has been done.

There are a great many institutions, for instance, where meat and bread are still sliced with the old carving knife. Few diet kitchens are equipped with a modern machine to take the place of the hand knife, which, compared with modern equipment, is cumbersome and expensive.

We have watched the operation of a modern meat slicing machine in the general kitchen and observed a saving in the meat used of 20 per cent. and more. We have watched the modern bread slicer with its automatic sharpener and its unique circular knife in action and noticed that a considerable saving was created — in fact, as much as 15 per cent. We have seen the attractive portions of machine sliced meat being served to the patients, so palatable and so much more easily digestible, and compared it with hand carved meat, thick on one end of the slice and thin on the other. We have observed the beautifully even and uniform slices of both hot and cold meat produced by the modern slicing machine and marvelled at the fact that whilst portions appeared larger, actually less meat was served by weight, eliminating largely the unpalatable left-overs on returned plates.

In witnessing a demonstration of a modern meat slicer in operation then, it is not difficult to convince oneself that this equipment not only saves a great deal of time in the preparation of a meal, but actually saves a considerable amount of meat. The machine, therefore, can be classed as a dividend paying investment.

Manufacturers have developed slicing machines suitable for slicing both meat and bread, as well as cheese, cabbage and other vegetables. In institutions where 25 or more loaves of bread are being sliced per day a special bread slicer is recommended. These machines are capable of slicing bread from as thin as a wafer up to three-quarter inch thick and with such speed that it becomes a pleasure to slice bread — instead of drudgery.

The machines are equipped with self-sharpening devices and except for a little oil occasionally rarely need further attention.

To top it all, machines are now made especially suitable for the diet kitchen. Small and compact in size, suitable to slice meat, bread, cheese, vegetables, and so forth, they are efficient in every respect and completely sanitary.

There is economy in the distribution of food with proper slicing machine equipment.

Egg-O Baking Powder Favoured by Dietitians

The first baking powder, offered for sale in 1850, was, according to modern standards, a very poor product. However it was such an improvement over the home-made article that it was instantly accepted. Attempts to find an acid more satisfactory than cream of tartar were made at once. The requirements were a higher acid strength, slower action, less cathartic residue, and lower cost. Many materials have been tried and no one of them meets all these requirements, but the Egg-O Baking Powder Company state that they have developed a mixture of two which does meet every one of them.

Mono calcium ortho phosphate and S.A.S. (sodium aluminum sulphate) are used in such proportions that there is an excess of phosphate over aluminum. This mixture has fifty per cent. more acid strength and costs much less than cream of tartar. Cathartic residue is at a minimum and the action is slower and under control. When wetted a gradual evolution of gas commences, continues for about four minutes, and then stops. When heated a second action starts and continues until the mixture is heated through.

This controlled double action prevents loss of gas during mixing, resulting in a saving of fifty per cent. in the amount of baking powder used. It also eliminates the inconveniences which have always been associated with the use of baking powder. Biscuit or cake, once in the pans, may be baked immediately or held for hours before being put into the oven. A slammed door or heavy walking in the kitchen hold no terrors for the users of Egg-O Baking Powder.

A well equipped trial kitchen, an adequate laboratory, and complete chemical control are some of the reasons why this all Canadian product is gaining favour so rapidly, particularly with those who choose, intelligently, the materials used in their kitchen.

Junket Makes An Ideal Milk Dessert

Milk is, of course, one of the so-called "perfect" foods, but not everybody can digest milk readily, and many patients evince a dislike for milk.

However leading hospitals now realize that milk can be made most attractive, appetizing and digestible by using flavoured Junket which comes in six tempting flavours and it is coloured as the flavour suggests. Somehow we are all primitive when it comes to colour and what appeals to our sense of sight quickens our appetite and especially so when the appetite is flagging through illness.

It is such a cool creamy dessert, easily and quickly prepared. Made in a minute — no cooking.

These Junket Powders are the product of Chr. Hansen Canadian Laboratory, makers of the Hansen Junket Tablets which have been on the market for over 50 years.

Flavoured Junket in your dessert menu will prove an agreeable change.

The Junket Folks, Toronto, offer hospitals free samples of the Junket Powder on request.

Thermos Service is Appreciated by the Patient

The general use of the Thermos service jug in so many hospitals and institutions proves its merit. The new Stronglas fillers now used in these jugs make upkeep very inexpensive. Many report splendid service and saving in help and greater benefit to patients and guests. One of the happy results from the use of these jugs by institutions and hospitals, is the urge for the customer to buy one of these jugs for home use as soon as they leave the hospital, and one often hears the remark that the cold or hot drinks were "so cold or so hot, that I did not have to call the nurse all night."

The season approaches when the nights and days will be hot, and Thermos jugs will give that added service which will make your institution appreciated by all. Such institutions as the Toronto General Hospital, Private Patients Pavilion, St. John General Hospital, Kingston General Hospital, Western Hospital, Toronto, and many others find Thermos service a great advantage.

Jean Murdoch Yuill Passes

Miss Jean Murdoch Yuill, for 19 years night supervisor of the Toronto General Hospital, died in the nurses' west residence on April 9th, at the age of 55.

Prior to her arrival here in 1915 Miss Yuill had been superintendent of nurses at the Women's Hospital in New York City. She was born and educated in Edinburgh, Scotland, and received her training as a nurse there. With her parents she went to the United States when she was in her early twenties.



Hospital executives specify C-I-L Hospital Sheeting because they **know** by experience that the C-I-L Oval tab is emblematic of the best.

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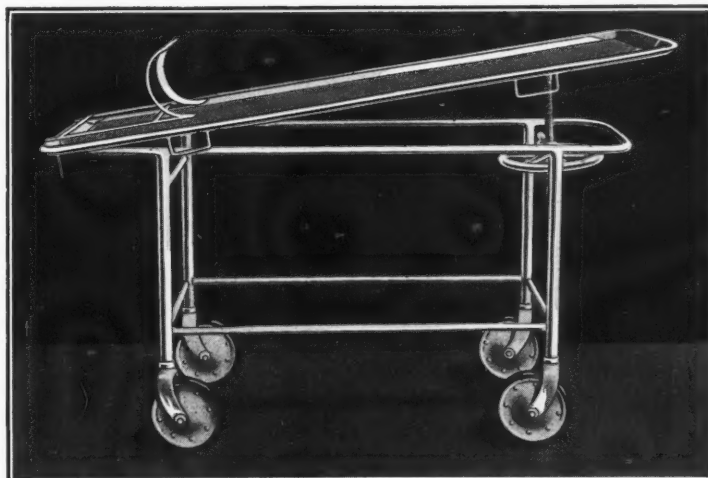
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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

ALLISTON, ONT.—Stevenson Memorial Hospital, gift of the late T. P. Loblaw to the people of this district, has opened a clinic where free services will be given to children whose parents are unable to meet hospital expenses.

With the co-operation of local doctors, a complete examination was given public school children and during the Easter holidays a number of children entered the hospital to have their tonsils removed.

A regular inspection will be made of the school children and all urgent cases will be attended to in the hospital where X-ray and all modern conveniences are available.

* * *

BRANTFORD, ONT.—Announcement has been made that the Brant Sanatorium is having plans and specifications drawn for the erection of a new heating and boiler plant and laundry, together with the erection of an infirmary with capacity of 20 beds, entailing, in all, a contemplated investment of more than \$80,000.

The project was carefully considered when conference was held with Hon. W. G. Martin, M.L.A., for Brantford, and Minister of Public Welfare in the Ontario cabinet, respecting the ascertaining of the amount the Government would be willing to put up under the existing relief works construction programme.

* * *

CORNWALL, ONT.—A graduate of Cornwall General Hospital nursing class in 1911, Miss Mary A. Fleming, R.N., of Mille Roches, returned to that institution as a patient and died on April 6th.

Born in Mille Roches 49 years ago, Miss Fleming resided practically her entire lifetime in the little village just west of this city. She received her education at Mille Roches and Cornwall Collegiate Institute and in 1909 joined the nursing class at Cornwall General Hospital. She graduated with her R.N. degree in 1911.

* * *

EDMONTON, ALTA.—With party lines broken throughout the House, the Alberta Legislature on April 18th voted to request the Dominion Government to make no further appointment when the present term of Lieutenant-Governor W. L. Walsh is completed, and to explore the advisability of using Government House and grounds for a tubercular sanatorium.

* * *

GLACE BAY, N.S.—A new and more commodious nurses' home is to be built here in the near future.

* * *

GRAND PRAIRIE, ALTA.—Modestly declaring she did not consider the honour of membership in the Order of the British Empire recently conferred upon her as in any way

personal, Miss Elizabeth Pearston, superintendent of the Municipal Hospital here, was inclined to attribute the widely recognized efficiency of the institution to "the efforts of hard work of those who had gone before."

Miss Pearston has returned to her work after three months' furlough. She was named in the New Year's honour lists.

* * *

LONDON, ONT.—Dr. W. M. Gilmore, assistant radiologist at Victoria Hospital, London, has received the appointment of radiologist at the General Hospital at Stratford, his duties to commence shortly. Dr. Gilmore will succeed Dr. G. H. Ramsay, who is leaving to take over a new post in a Regina hospital.

* * *

MONTREAL, QUE.—McGill University's latest building unit, the Neurological Institute, will not be formally opened until next fall, it was announced officially at the university on April 5th.

Tentative plans for the opening ceremony, expected to take place in October, include the presence of many distinguished citizens as well as representatives of the various institutions involved in the construction of this great centre of neurological research.

It is hoped that certain portions of the building will be made available this summer. One of the slowest, and most intricate parts of the undertaking, is the equipment of the laboratories. The exterior of the building now presents a finished appearance and the interior fittings are being placed.

* * *

NORTH BAY, ONT.—North Bay Civic Hospital has inaugurated something new in a "Civic Hospital Day" as a means of raising funds.

This celebration, which took place April 10th, took the form of a "tea" at which the Ladies' Auxiliary entertained the ladies of North Bay in the afternoon, and bridge for the gentlemen in the evening.

* * *

ORILLIA, ONT.—The Board of Directors of the Orillia Soldiers' Memorial Hospital, have accepted the resignation, effective May 1, of Miss Hazel I. Cave, superintendent of the institution for some months past. Reports from Orillia indicate that the hospital had been the scene of serious internal dissensions.

* * *

OTTAWA, ONT.—Doctor R. K. Patterson has recently been appointed radiologist and director of radium treatment clinic at the Ottawa Civic Hospital. He will assume his duties August 1st.

PARRY SOUND, ONT.—Flames that swept through the Parry Sound General Hospital on April 25th, destroyed the greater part of the frame structure and forced removal of 24 patients. Damage was estimated roughly at \$25,000.

The hospital is a three-storey frame structure, and has stood for 50 years.

Nurses, doctors and orderlies shared the honours of the cool-headed rescue of all the patients. An operation, which was in progress when the fire alarm was raised, was hurriedly completed before the patient, still under the anæsthetic, was wheeled out of the burning building.

Miss Quackenbush, the Superintendent, calmly supervised the carrying out of the patients.

* * *

REGINA, SASK.—Mr. S. T. Martin, assistant superintendent of the Regina General Hospital, recently paid a short visit to Toronto where he is well known.

* * *

SAINT JOHN, N.B.—Dr. Orville L. Henderson, for the past two years resident intern at St. Joseph's Hospital, left on April 1st for New York to spend one year taking a special course in roentgenology at the Presbyterian Hospital.

Dr. Henderson is a graduate of Queen's University, Kingston, Ont., from which university he received the degrees of M.D., C.M., in 1932. In the following year he was registered as L.M.C.C.

Thomas Nugent, who is completing his medical course at Queen's University this term is to succeed Dr. Henderson as intern at St. Joseph's Hospital.

* * *

TORONTO, ONT.—Miss B. C. Woolford has been appointed general night superintendent of Toronto General Hospital following the death of Miss Jean Yuill. Miss Woolford for the past six years has been supervisor of the Private Patients Pavilion.

* * *

VICTORIA, B.C.—It is now announced from Victoria that the B.C. Government grant has been restored to 70c. For the past year it has been 45c but the reduction was protested, which accounts for the complete restoration.

* * *

WHITBY, ONT.—Dr. John Webster, for many years a prominent member of the Ontario Hospital staff at Whitby, and for 43 years with medical health services in Ontario, retired on superannuation March 31st. Dr. Webster, however, will continue to assist with the X-ray work at the hospital. During his many years of public service he has witnessed and participated in the scientific progress that has been made in the care and treatment of the mentally sick. He has seen the Ontario Hospital become one of the most outstanding of its kind on the continent. Dr. Webster was presented with an honorary membership in the Ontario Civil Service Association, and with a rug on behalf of the staff.

* * *

WILLOW BUNCH, SASK.—Fire of unknown origin destroyed the Willow Bunch Hospital with a loss of \$50,000, on April 19th. The staff and patients were able to leave without difficulty.

"FLOWERDALE" TEA



Broken Orange Pekoe
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It is the only reagent test that indicates both the temperature (250°F) and the time (20 minutes) of steam penetration through the dressings. Eliminates any question of post-operative infection by checking the work of the autoclave.

THE TELLER WILL DETECT ANY DEFECT.

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For Every Hospital Use

HIGHEST QUALITY BEST SERVICE

Medicinal Spirits
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Rubbing Alcohol
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Sold by all leading Hospital Supply Houses



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Red Cross Hospital Aid News

The Hospital Aid of the Red Cross Outpost Hospital at Carragana, Sask., held a Tea on Easter Monday. This is an annual event and celebrates the opening of the present building, which replaced the one destroyed by fire in 1930, and it has also become Hospital Day in the district.

The district opened in the Porcupine Reserve in July, 1919, for land settlement by returned men, has since received a number of settlers from the British Isles, brought to Canada under the British Family Settlement Scheme.

The Outpost Hospital was first opened in 1921 in a building originally intended for a community hall. The Red Cross sponsored the undertaking and the building with some changes and the addition of a kitchen was equipped and used as a hospital until destroyed by fire in October, 1930. The present building was opened the following April.

Miss Kilden, the nurse-in-charge, has always contributed something in the way of a surprise to the Easter Tea. This year with misgivings over safe transportation, due to zero weather even in April, daffodils were ordered from the Saskatchewan Green Houses at Prince Albert. Thanks to the generosity of the florist in filling the order, flowers were seen in all the rooms. Flowers at a hospital tea seem a small thing, but when it is the first time they have been used in a community they are an event. Many comments were heard from the women from across the sea, "It's just a little bit of England." One heard and understood just a little what some of our Old Country settlers miss.

The popularity of the Outpost was evidenced by the distance from which guests came, some coming a distance of 20 miles and with the exception of one car, all had come in sleighs.

R. C. Brown, Hobart Executive, Dies in Toronto

Robert C. Brown, who for 25 years represented The Hobart Manufacturing Company in various countries of the world and more recently head of the Canadian Hobart Company with headquarters in Toronto, died suddenly at the Lockwood Clinic, Toronto, on April 15th. Death was consequent on what was thought to be a minor operation.

Mr. Brown's position of responsibility with the Hobart organization included that of European manager with headquarters first in London and later in Paris, where he assisted in establishing the first European factory. He served as vice-chairman of the board of directors of The Hobart Manufacturing Company, Limited, of London, managing director of Hobart Company of Rotterdam, and later, managing director of Hobart Internationale, Paris.

In December, 1929, he returned to the United States and to Troy, Ohio, to assume charge of the company's new slicer division. With the organization of the new Canadian company, the first of last year, he was selected by the board of directors to head this important subsidiary.

His acquaintance among Hobart users the world over probably exceeded that of any other and his death will be a distinct loss to the organization as well as a personal bereavement to many.

Manitoulin Asks \$50,000 to Save Its Only Hospital

Manitoulin Island is in danger of losing the only hospital it has; and, naturally, the people are alarmed. There are on the Island some ten or twelve thousand residents, and it is difficult to conceive of a situation in which so many people, living virtually in the centre of Ontario, should be without hospital service. For 15 years a private institution has been operated by Dr. R. W. Davis, but, for family reasons, he is obliged to drop the good work he has been doing and go elsewhere.

What is to be done in these serious circumstances? The nearest hospital is many miles distant, and difficult of access during the winter months, so that steps must be taken to maintain on the Island some kind of hospitalization. Prominent and public-spirited residents have formed the Manitoulin Hospital Association, which aims to secure the sum of \$50,000, so that the present hospital may be preserved for the people. There is hope that the Ontario Government may support this movement; and an effort is being made to enlist the interest of the Red Cross Society, which has done such splendid work in many outlying sections of the Province.

It is evident that before another winter settles over Manitoulin Island something must be done in the way of providing hospitalization to protect the lives of the people. It is inconceivable that, in this day and in this country, so many men, women and children should be without the surgical and medical attention which only a hospital can provide adequately. Fortunately for the Island population, an energetic association of citizens is doing what it can to ward off so dangerous a situation.

Obituaries

Dr. William Beattie

Dr. William Beattie, 40, lecturer, in bacteriology at McGill University and member of the staff of the Royal Victoria Hospital, was killed on April 13th in a motor accident near Biggleswade, Bedfordshire, England. Considered one of the most brilliant recent medical graduates of McGill University, Dr. Beattie had been in England since last fall studying at Queen Charlotte Hospital, London, on a scholarship. It was his intention to return here next autumn to assume posts held open for him at both McGill University and the Royal Victoria Hospital.

Rev. Mother Maillet

Rev. Mother Maillet, one of the founders of St. Basil of Hotel Dieu Hospital, died early in April, at Saint Basil, N.B., at the age of 87 years. Mother Maillet (Borne Barie Alphonsine Rangey) entered the congregation of Les Religieuses Hospitalieres de St. Joseph and for nine years nursed on the staff of Hotel Dieu in Montreal. In 1873 she founded St. Basil and for 24 years held the office of superior. She was a woman of talent and culture and it was chiefly due to her untiring zeal and self-sacrifice that the hospital of St. Basil has grown to its present size.

Hospital Aid News

"We become willing servants to the good by the bonds their virtues lay upon us."—*Sir P. Sidney.*

CHATHAM.—To learn from Mrs. O. W. Rhynas, president of the United Hospital Aids Association, that Chatham is the most highly organized of all the districts represented in the affiliated societies, was a source of deep gratification to representatives of hospital organizations who joined with the Heather Club recently in the jubilee celebration. Self styled as "a missionary doing a small work in a large field," Mrs. Rhynas on the occasions of different visits to this city, has never failed to inspire an audience with her wonderful inspirational messages.

As a woman of keen perception who has achieved success and true greatness in many undertakings, Mrs. Rhynas was introduced by Miss Priscilla Campbell, superintendent of the Public General Hospital.

* * *

GALT.—The Hospital Aid have just completed a most successful "Disappearing Bridge," netting a substantial sum.

The tea room, which has been conducted successfully during the past season, has closed for the summer, but will resume activities in early autumn.

* * *

LONDON.—Organized on April 18th, under the most auspicious circumstances the New St. Joseph's Hospital Auxiliary will have as its first president Mrs. R. M. Burns.

The report of the nominating committee presented to a largely attended meeting in the nurses' residence by Mrs. W. J. Tillman, was accepted unanimously, as follows: President, Mrs. R. M. Burns; Vice-Presidents, Mrs. J. D. Good, Mrs. Hugh Labatt and Mrs. A. R. Douglas; Recording Secretary, Mrs. A. H. Murphy; Corresponding Secretary, Mrs. Albert Judd; Treasurer, Mrs. Claude Brown.

Mother Patricia, Superintendent of the hospital, who welcomed the members, was asked to accept the office of Honorary President.

Mrs. Rhynas, capable president of the Ontario United Hospital Aids Association, placed a high standard of service before the prospective members of the new auxiliary. She urged individual effort and co-operation to make a perfect whole. Mrs. Rhynas could not see any circumstances under which a hospital could afford to be without an Auxiliary and declared that in Ontario, since the formation of Hospital Aids, over one million dollars had been contributed by the groups to hospital upkeep, and one Aid alone contributed \$300,000 to their hospital.

* * *

ST. THOMAS.—The Aid held a successful Membership Drive Dinner. The Provincial President was the guest speaker. During the dinner it was announced that nine hundred members had paid their fee during the campaign. The St. Thomas Aid has a proud record of service to the hospital.

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SMITHS FALLS.—May 23rd will be devoted to "Hospital Mindedness." The Provincial President will attend functions to be held in the afternoon and evening, addressing the Auxiliary members and friends in the afternoon and a joint meeting of the Board, Auxiliary members and citizenship in the evening.

* * *

All Hospital Aids within the affiliation of the Provincial Association are assisting in the celebration of National Hospital Day.

G. H. Wood and Company Limited Expand Their Business

Of interest to our readers is the news that G. H. Wood and Company Limited have entered the retail package field.

As might be expected, among their first offerings is included their famous Lik-wiD Brand Shampoos, attractively packaged in six ounce cut-glass type flasks—cellophane wrapped. These shampoos have enjoyed a very wide bulk sale over a period of many years throughout Canada.

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An Analysis of the Complexities of Hospital Construction

(Continued from page 16)

the planning and co-ordination of each division of such a department.

It should be fully realized by everyone concerned in the development of a hospital project that a hospital's reputation largely stands or falls on its food service, and that to-day it is not an incidental daily routine, but a major economic and administrative problem.

The effectiveness of dieto-therapy is closely connected with the amount of individualization which can be imparted to the nursing of patients.

The best results, with the smallest expenditure, in the field of food service, can only be obtained through the intelligent co-operation of several persons, since the requirements of administration and also the economic responsibility must be taken into consideration.

The greatest importance is to be attached to individualization for while observing the strictest economy of the necessary materials, the best quality should be obtained. For this reason, the greatest care should be taken to obtain the best accommodation and equipment for the hospital dietary departments, which can only be accomplished through sound technical advice based upon experience and knowledge of the subject. Therefore, frequent conferences become necessary in the preparation of data by the hospital director and others responsible for this service, especially the architect, who should participate in all conversations which effect the layout and general co-ordination.

Engineering Services

The satisfactory arrangement and type of technical equipment of a hospital is largely responsible for the successful operation.

Our homes, schools, offices, factories and places of amusement are frequently inefficiently equipped and errors in arrangement are many, but the results are less tragic in the life of our people than errors in our hospitals.

To avoid pitfalls, the results of which hospitals become heir to through faulty installation and type of equipment, it is of paramount importance that the Building Committee, the architect and the engineer should be in consultation with each other before the plans of the hospital have been developed to any great extent. Unfortunately, this procedure is very often observed in the negative with disastrous results.

It is only necessary to cite a few essentials in the practice of co-operative methods to convince anyone how necessary such a procedure is; for instance, the location of the power house, silent operation of equipment, isolation of infected equipment, auxiliary supplies of electricity, water, and future development, and a host of other things too numerous to be herein enumerated.

After all the Hospital Director is responsible for all these things. Therefore it is his obvious duty to call into conference the heads of departments for consultation, especially where the work of one department impinges upon that of the other.

The laundry is an important unit in the field of en-

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gineering services of a hospital, cost and satisfactory service being the two main considerations in the problem.

There would appear to be not much doubt that from the point of view of satisfactory service all the advantages are with a hospital installing its own equipment and operating its own laundry, nevertheless, there are many hospitals which consider the cost of equipment and operation beyond their means.

If and when the hospital decides to include in its physical plant a laundry unit, the person in charge should be consulted during the preliminary stages of layouts and operation methods.

The laundry is in the same category as that of any other industrial plant and must be treated accordingly. Results of research work based upon the volume and character of the work to be done must be reviewed before any intelligent plan can be evolved by the architect.

Architect

It is imperative that hospital architects should study scientifically the administration of hospitals in all their departments and have a close acquaintance with medical and surgical requirements and with new therapy methods. The utmost imagination, wide vision and invention are required by those who plan hospitals, combined with a love for humanity.

The mere copying of other hospital plans and rearranging them for other sites is not a sufficient qualification, but if architects are to worthily collaborate with surgeons, physicians and administrators of hospitals in meeting the new ideas of to-day, they must definitely study and ascertain the actual functional requirements so as to be able to plan with an informed imagination.

The desire to co-operate with others, bespeaks a broadness of mind and a spirit of service which are but an expression of an attitude toward one's own work. One who is not anxious to know or to ascertain the experience of others shows a narrow spirit of self satisfaction and of smugness which betray a limited intelligence.

As before pointed out, the architect must of necessity be appointed early in the preliminary discussions so that he may take part in the conferences between the Board of Trustees, the Hospital Director and the medical and surgical staff. This procedure is governed by the fact that the modern hospital is a technological structure of the first rank and is more noticeably so from day to day. It is not sufficient to be only architect, or an adept in construction, but rather that the architect should know the intricate machinery of the hospital, as the hospital physicians know the fundamentals of its technique.

The first thing to be considered is the selection of the site and orientation of the buildings, the determinations of which should be arrived at in consultation with the Building Committee, Medical Staff, the Hospital Director and the Architect. It must be borne in mind that the location of the site will be governed in part by the findings of the hospital survey, which should be the basis of all deliberations of a hospital project.

While speaking of the hospital survey, it is well to remember that the bed capacity and hospital services must be governed by the nature, population, etc., of the communities for which the hospital will serve. Further determination should be made for future growth, taking

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into consideration the present conditions and prospects for industrial, urban and rural development.

Other factors must be considered, such as the nature of the prevailing business in the area under review, since, if industrial plants or mining or both prevails, more attention must be paid to surgery, which also applies to increased facilities for emergency cases. Hospitals must co-ordinate intimately with city and sub-division planning. The distribution and placing of hospitals should be determined upon the advice of doctors and architects experienced in hospital matters and design, and also the town planners. Their findings should be based upon the pre-arranged city or district plan, similarly to other public buildings.

Architects should never be asked to submit sketches in competition for a hospital project. Architecture, as in medicine, involves a correct diagnosis of the problem and such diagnosis cannot be given until all the symptoms are known and their relative importance established. The architect's sketches to mean anything of value must indubitably be the results of much study and many consultations.

To obtain satisfactory results, the hospital policy must first be established, then analyzed and the fundamental basic requirements outlined according to their relative importance. This having been done, they should be passed on to the architect, so that he may prepare sketch plans. These sketch plans would indicate the correct conservation of medical and nursing services, indicate flexibility, simplicity of construction and capacity of the institution. At this juncture, the findings of the conferences held with the different heads of departments and the hospital director

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will prove of great value to the architect in these preliminary studies.

Next in order may be taken costs. The gulf between the lowest and highest rates of expenditure for hospital construction warrants the assumption that basic principles are not understood or that they are not applied. If hospital costs vary, so also do hospital values. Whereas, a hospital planned and equipped merely for the shelter of the sick, for the administration of simple remedies, for the performance of slight laboratory tests and of routine surgical procedures, may be built at a relatively small cost, one which is generously equipped for research and for teaching requires a much greater outlay.

The size and organization of the nursing unit, also the depth of the wards, influence the costs in the inverse proportion to their dimensions. The type of insulation has an important bearing on the costs. A compact combination of all service operations, wholly or partially, lowers cost of operation. The accurate calculation of the type and length of all service radii is of the greatest importance in the financial success and operation of a hospital. A recent news clipping emphasizes this point where it was stated that a supervisor had walked every night 15 miles or more through the hospital corridors and wards for 19 years. Is it any wonder that intelligent study and application of results of research has become necessary in the hospital of to-day? The cost of a building cannot be definitely gauged by numbers (such as beds, etc.), but only by results. The cost of maintenance and replacements over a term of years are fully as important in the cost valuation of a hospital as are the first or production costs. The relative number of private, semi-private and ward patients influence, in a marked degree, the size of a hospital building of a given bed capacity. Of two possible ward plans, that which presents the smaller bulk will usually be the cheaper to build, but it does not follow that the plan which goes farthest towards economizing space is the better plan in a functional sense or in the cost of maintenance.

Fireproof buildings with interior sanitary finish and a multiplicity of plumbing fixtures, has doubled the cost of each cubic foot of construction to that which obtained twenty years ago.

Costs can be very seriously affected if the requirements of the technical equipment are not recognized as being fundamental, and treated as such and definitely established at the earliest stages. This can be overcome by a sympathetic relation between the architecture and the planning for fixed and movable equipment. The modern hospital has grown to be a much too complicated structure to be handled entirely by one man, in fact, nearly all our buildings are growing into this category, but it is pre-eminently true of the hospital.

Hospital building at its best is a very intricate operation, but if the architect is able to count on the co-operation of the departmental heads, the project will not only be a much simpler affair, but the success of the project should be assured.

Therefore it is essential that the Board of Trustees in selecting its architect, shall select one who has a proper appreciation of the fundamentals involved, and also a

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sympathetic understanding of the technical equipment around which the group is to be built.

Our next issue will include a review by Mr. Parry of the architect's responsibilities and activities from the time sketch plans are developed until completion of the hospital project.

Cancer Clinic at Toronto General Hospital Opened

A new Cancer Clinic at the Toronto General Hospital, and known officially as the Radio-Therapy Institute, was opened in April. This clinic is one of the finest on the continent and is the centre for cancer research work in Canada.

The Institute is housed in the \$500,000 Dunlap Building which is furnished with the most complete and modern equipment for the diagnosis and treatment of the disease. It has a capacity of 50 beds and it is expected 2,500 cases will be treated the first year.

Doctor Gordon E. Richard, who has spent some time in the well-known cancer clinic at Stockholm and other European clinics, is the Director of the Institute.



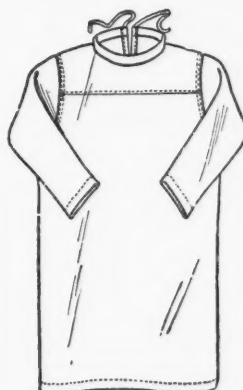
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Above prices are for regular cuffs. If required with knitted cuffs add \$1.00 per doz.

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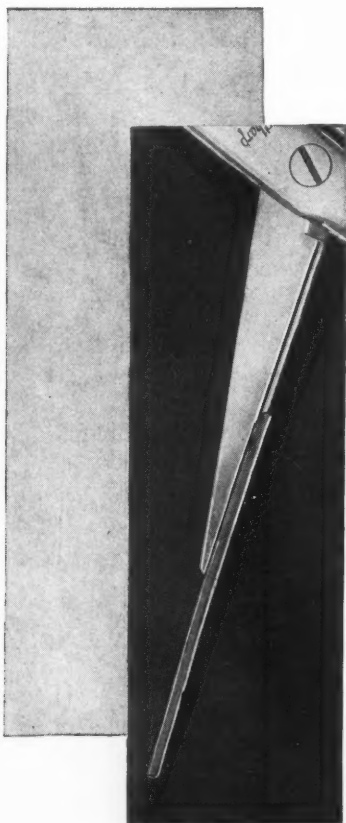
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Above: Renewable edge partly removed from scissor, illustrating the method of attachment.

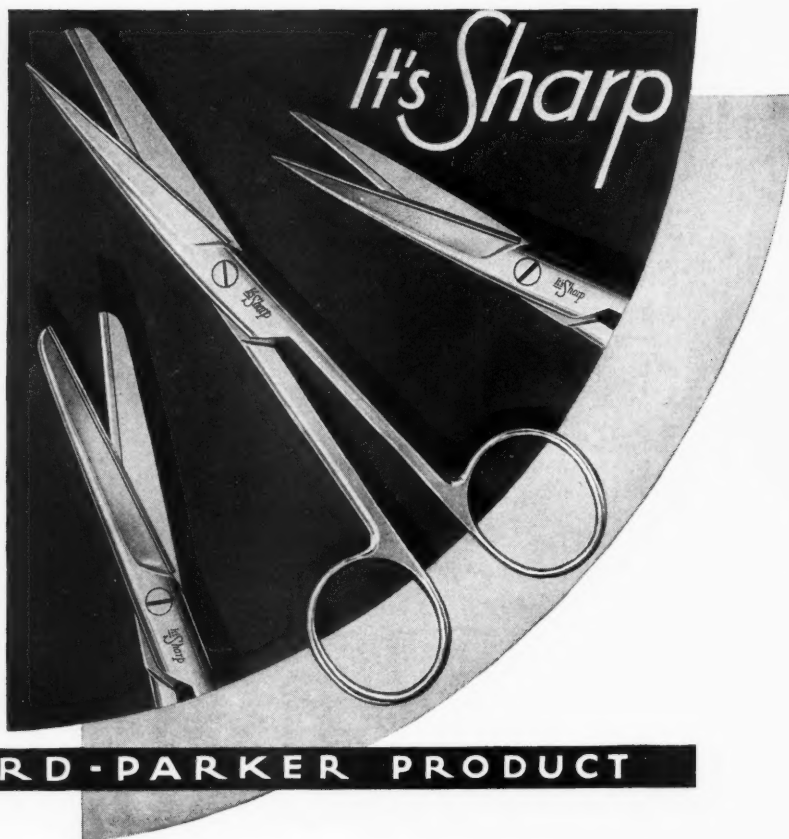
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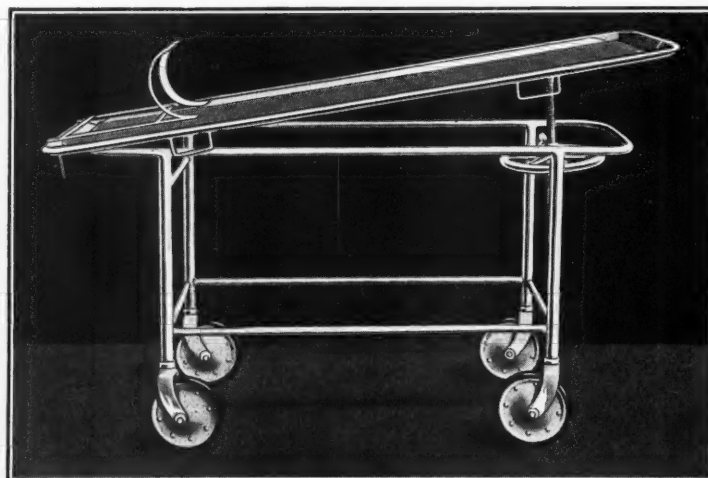


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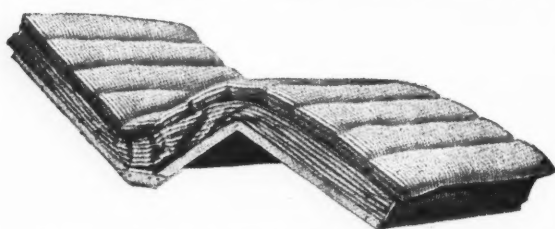
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